

**THE WELBEDACHT EAST PARENTS'/ PRIMARY CAREGIVERS'
PERCEPTIONS AND PRACTICES OF 'GOOD ENOUGH' PARENTING
AND THE DEVELOPMENT OF A LOCALLY SPECIFIC PARENTING
SUPPORT INTERVENTION**

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**The Welbedacht East Parents'/ Primary Caregivers' Perceptions and Practices of
'Good Enough' Parenting and the Development of a Locally Specific Parenting
Support Intervention**

I declare that the above thesis is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

SIGNATURE

DATE

ABSTRACT

Intensifying interventions to improve the quality of care that children receive from parents/ primary caregivers is mandated by several strategic objectives, such as the National Plan of Action for Children 2012-2017 (South Africa 2012), the White Paper on Families in South Africa (2013), and the Children's Amendment Act 41 of 2007 (South Africa 2007). Parenting programmes remain popular parenting interventions (Daly, Bray, Bruckauf, Byrne, Margaria, Pecnik & Samms-Vaughan 2015:18; Richter & Naicker 2013:9) reporting outcomes of enhanced parent-child relationships, improved behaviour of children, and reduced parental stress. There is a concern that parenting programmes offered in South Africa lack evidence of their efficacy (Wessels 2012:9) and cultural and contextual relevance for the recipients (Begle, Lopez, Cappa, Dumas & de Arellano 2012:56; Richter & Naicker 2013:1). The study developed a locally specific parenting support intervention for parents/ primary caregivers living in the low-cost housing development of Welbedacht East using the Intervention Development Design model. Parents/ primary caregivers were involved throughout the study, contributing to the intervention's applicability, as well as its contextual and cultural relevance. Bioecological and social inclusion theories framed the study.

A qualitative research approach supported by an exploratory, descriptive and contextual design was used. Two purposive samples (parents/ primary caregivers and community champions) were recruited. Semi-structured interviews were conducted to collect the data. Thematic analysis (Braun & Clarke 2006) produced the findings that were presented at a consultation workshop attended by research participants and relevant stakeholders where the parameters of the intervention were determined. These were subsequently developed into the elements and intervention protocols by four indigenous community experts following the Delphi process. Lincoln and Guba's (1985) approach to trustworthiness as presented by Porter (2007:85) and Thomas and Magilvy (2011:152) was used. Cultural competence was maintained throughout and ethical considerations were observed to circumvent harm to participants and uphold the integrity of the research process.

The perceptions of the parents/ primary caregivers were consistent with scholarly indicators of 'good enough' parenting, but the contextual stressors they experienced challenges their ability to fulfil some of these indicators. An intervention was needed to increase parental capacity to improve parent-child relationships, cultivate life skills for improved psychological health, and advance the financial independence of parents.

It was concluded that a parenting programme on its own would fail to address the most pressing needs of parents/ primary caregivers living in disadvantaged circumstances and custom-made parenting support interventions were needed to increase parental capacity to manage the structural challenges that compromised parenting, such as socioeconomic interventions of a social developmental nature.

KEY TERMS:

Behavioural indicators of parenting; child well-being; good enough parenting; parent education; parenting interventions; parenting support interventions; parenting programmes; social work evaluations of parenting; the continuum of parental care.

DEDICATION

This thesis is dedicated to the parents/ primary caregivers who shared their dreams of a promising future for their children, which became the focus of this study. I am grateful for the time and energy they generously devoted in this study, the trust they invested in me to be the custodian of their stories of hope and despair about raising children in difficult circumstances, and their remarkable resilience despite feeling that the factors that challenged their survival remained “invisible” to those who were meant to support them. These things inspired me throughout the study and will continue to inspire me to remain committed to assisting this group and others who share their circumstance to achieve the support and services they need to promote the well-being of their children. This work is a testimony of what can be achieved when one allows people to dream and collaborates with them to find ways to make their dreams materialise.

May we continue to remember to:

“Hold fast to dreams, for if dreams die, life is a broken-winged bird that cannot fly.”

— (Langston Hughes 1926)

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LIST OF ADDENDUMS

- Addendum A: Ethical clearance from the university to proceed with the study.
- Addendum B: Letter of introduction to Ward Councillor requesting permission to undertake the study.
- Addendum C: Letter of introduction to Chatsworth Child and Family Welfare.

Addendum D:	Letter of introduction to community champions.
Addendum E:	Informed consent form for all participants.
Addendum F:	Letter confirming debriefing services.
Addendum G:	Interview guide for community champion interviews.
Addendum H:	Keys cards used for community champion interviews.
Addendum I:	List of community champions identified from the Bright Site data list.
Addendum J:	Summary of themes from community champion interviews.
Addendum K:	Template for field notes for interviews with community champions.
Addendum L:	Letter of introduction to parents/ primary caregivers.
Addendum M:	Interview guide questions for parents/ primary caregivers.
Addendum N:	Pictorial cards used in parent/ primary caregiver interviews.
Addendum O:	Template for field notes for interviews with parents/ primary caregivers.
Addendum P:	List of parents/ primary caregivers identified and interviewed.
Addendum Q:	Summary of themes of the parent/ primary caregiver interviews.
Addendum R:	Agenda for first training session of research assistants.
Addendum S:	Confidentiality Agreement for research assistants, translators and independent coder.
Addendum T:	Verification of the authenticity of the transcriptions and translations by research assistants.
Addendum U:	Electronic letter of introduction to translators.
Addendum V:	Translation certification letter.
Addendum W:	Open ended questions for consultation workshop
Addendum X:	Letter of invitation to participate in the consultation workshop.
Addendum Y:	Invitation to participate in the consultation workshop.
Addendum Z:	Programme for the consultation workshop.
Addendum AA:	List of attendees of the consultation workshop according to their categories.
Addendum BB:	Informed consent to participate in the consultation workshop.
Addendum CC:	Questions for semi-structured interviews for presenters / designers of natural examples of parenting programmes.
Addendum DD:	Letter of explanation about the Delphi process.
Addendum EE:	Structured survey templates for the Delphi process.
Addendum FF:	Summary of information about parenting programmes.
Addendum GG:	Summary of information about financial literacy.
Addendum HH:	Summary of information about income generation through socioeconomic interventions.
Addendum II:	Summary of information about <i>stokvels</i> .

LIST OF ABBREVIATIONS

ABM	Area Based Management
AIDS	Acquired Immunodeficiency Syndrome
ANC	African National Congress
CFCW	Conceptual Framework for Child-Wellbeing
CSG	Child Support Grant
DFSF	District Family Service Forum
DG	Disability Grant
ECDD	Early Childhood Care and Development
ECD	Early Childhood Development
FAMSA	Family and Marriage Society of South Africa
FBO	Faith-Based Organisation
HIV	Human Immunodeficiency Virus
IDD	Intervention Development Design
IMCI	Integrated Management of Childhood Illness Strategy
KFP	Key Family Practices
LSEEs	Low Socioeconomic Environments
NGO	Non-Governmental Organisation
NPAC	National Plan of Action for Children
NPOs	Non-Profit Organisations
NSPCC	National Society for the Prevention of Cruelty to Children
OAP	Old Age Pension
OECD	Organisation for Economic Co-operation and Development
PET	Parent Effectiveness Training
SACSSP	South African Council for Social Service Professions
SES	Socioeconomic Status
STEP	Systematic Training for Effective Parenting
STI	Sexually Transmitted Infection
UCLG	United Cities and Local Governments
UK	United Kingdom
UNICEF	United Nations Children's Fund
UNISA	University of South Africa
USA	United States of America

CHAPTER ONE:

GENERAL INTRODUCTION AND ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Chapter One comprises four sections. Section 1 contains a general introduction and orientation to the study. It highlights the significance of strengthening families for the well-being of children, and the national and international research and policies that have emerged in support of this. The concept of 'good enough' parenting is introduced as the intended outcome of such parenting programmes. The context of the study, Welbedacht East, is explained to orientate the reader about the contextual realities of the parents living there. As support for parenting programmes grows, the researcher questions whether the contextual and cultural circumstances of parents are given adequate attention during their development, which develops into the problem statement of the research. The researcher shares her rationale, personal and professional, for undertaking the study and states the theoretical framework that was chosen for the study. The formulated research questions, goals and objectives are detailed.

The researcher's motivation for selecting a qualitative Intervention Development Design (IDD) is shared with her explanation of the planned research process and procedures that were to be used. The research measures taken to preserve the authenticity of the research are outlined before demarcating the ethical considerations that were taken into account by the researcher. Several key concepts are clarified, as relevant to the study, and the chapter concludes with the structure of the thesis to introduce the remaining chapters.

In Section 1 of Chapter One, the researcher uses terms such as positive parenting and good parenting interchangeably, before introducing the concept of 'good enough' parenting. Thereafter, the researcher stays with the term 'good enough' parenting. Furthermore, whilst parenting literature refers to parents as the primary caregivers of children, given the context of this study, the researcher refers to parents/ primary caregivers to include the carers of children who are not their biological parents.

SECTION 1: THE BACKGROUND, PROBLEM FORMULATION, AND RATIONALE OF THE STUDY

Section 1 explains the academic merit of conducting the study and details how and why this topic was chosen. It is arranged in four parts: the background of this study as the research topic, how the researcher chose to formulate the research problem, her rationale for conducting the study, and the theoretical framework for the study.

1.2 THE BACKGROUND OF THE STUDY

The first section of the chapter addresses the importance of strengthening families, the concept of 'good enough' parenting, and the context of the study, Welbedacht East. These justify the rationale for undertaking the study, which follows in the second section of the chapter.

1.2.1 The Importance of Strengthening Families

Nelson Mandela (1995) admits that "there can be no keener revelation of a society's soul than the way it treats its children".

Families are considered to be the pillar of social organisation for humans and even when dissolved as a result of natural disasters, genocide, or war, they reform and continue to offer the foundation for the present and future well-being of children (Miller 2010:6; Richter & Naicker 2013:4; Sanders, Markie-Dadds & Turner 2003:10). The processes of families directly impact on the psychological, physical, social, and economic welfare of children, making them extremely influential in the promotion of child well-being (De Graaf, Speetjens, Smit, De Wolff & Travecchio 2008:553; Kanesathasan, McCleary-Sills, Vujovic, Brakarsh, Dlamini, Namisango, Nsaba & Fritz 2011:18; Sanders et al 2003:1; Turner & Sanders 2006:177).

The Centre for Social Justice [sa] in the United Kingdom (UK) pertinently emphasises the importance of healthy families, not merely for children, but also for the development of healthy societies:

Stable, healthy families are at the heart of strong societies. It is within the family environment that an individual's physical, emotional and psychological development occurs. It is from our family that we learn unconditional love, we understand right from wrong, and we gain empathy, respect and self-regulation. These qualities enable us to engage positively at school, at work and in society in general. The absence of a stable, nurturing family environment has a profoundly damaging impact on the individual, often leading to behaviour which is profoundly damaging to society.

Supporting families to fulfil their roles to raise healthy and well-adjusted children continues to occupy international focus. Policy and academia in the European Union have concentrated on enhancing families, parenting, and family life over the last 10 to 15 years (Daly 2011:8; Daly et al 2015:5), with parent support programmes receiving considerable attention (Daly 2014:9). The UK introduced the “Every Parent Matters” policy document in 2007, based on the assumption that knowing how to parent confidently and competently was not “just common sense”, but required comprehensive governmental measures to uplift the practices of parents (Miller 2010:22). The policy for supporting families and relationships, referred to as the “Support for All: The Families and Relationship Green Paper”, was adopted in Britain (Department for Children, Schools and Families 2010) and it underscored the notion that communities, society, and the country as a whole benefit greatly from the solid foundation of family life. Australia too developed a policy and programme, called the Family Support Programme, to introduce broad-based services to families for supporting them to improve the safety and well-being of their children (Butler, McArthur, Thomson & Winkworth 2012:572).

Similarly, the South African Government initiated measures to strengthen families. These were largely prompted by the Convention on the Rights of the Child (1990), ratified in 1995, the African Charter on the Rights and Welfare of the Child (1990), ratified in 2000, and the White Paper on Families in South Africa (2013:Section 3.1). Policy documents and legislative measures were ushered in to preserve and strengthen family life and parenting practices. The Children’s Amendment Act 41 of 2007 (South Africa 2007: Chapter 8) instructs the implementation of interventions for supporting and developing positive parenting practices to improve the well-being of children. The Department of Social Development introduced the White Paper on Families in South Africa (2013), which proposed three objectives for promoting families. Firstly, to affirm healthy family life by upholding the importance of the family, promoting positive family values and moral regeneration, and encouraging fathers’ involvement in their children’s upbringing. Secondly, to support families in their caregiving function and promote family solidarity. Finally, to escalate prevention, early-intervention, and statutory, reunification and aftercare services. This research study focused on prevention and early intervention, two of the four core levels of service delivery for family preservation services (White Paper on Families in South Africa 2013:38).

A national, holistic framework for integrating and collating governmental and civil society policies and plans was formulated to promote the well-being of children. This is referred to as the National Plan of Action for Children in South Africa (NPAC) (South Africa 2012:9-11). It refers specifically to the need for family life to be promoted to ensure that children are afforded

stable, supportive, and safer protective care that is free of violence. This document recognised the need to develop the White Paper on Families in South Africa (2013) to further these aims. One of the objectives of the NPAC was to develop integrated interdepartmental support efforts to engage parents in the development of positive methods of discipline, free from harsh punishment and coercion (South Africa 2012:53). The South African Integrated Programme of Action on Violence Against Women and Children (2013-2018) (South Africa 2014) recommends the escalation of parenting programmes as pivotal to promoting prevention and protection intervention measures. Reference too is made to the prominent significance of strengthening parenting practices as a means of improving the quality of life of children in the more recent National Integrated Early Childhood Development Policy (South Africa 2015b:25). These concerted policy initiatives confirm the commitment to developing appropriate interventions to strengthen the roles that parents play in the well-being of their children.

The implementation of parenting support amidst these policy initiatives is emerging in many countries as a national policy response (Daly 2014:9), but with limited evidence of what programmes are best for the South African context (Wessels, Lester & Ward 2016:2). Support for parenting programmes has mainly originated from studies conducted in high-income countries (Holloway & Pimlott-Wilson 2014:96; Richter & Naicker 2013:viii; Wessels et al 2016:2) with a lack of rigorous evidence to support the effectiveness of parenting programmes in developing countries (Begle et al 2012:56; Mejia, Calam & Sanders 2012:170). They have been developed and evaluated mainly for European and American contexts and their sensitivity to cultural diversity is unclear (Begle et al 2012:56; Forehand & Kotchick 1996:190), even though cultural diversity has been acknowledged to influence child rearing (Al-Hassan & Lansford 2011:588; Katz, La Placa & Hunter 2007). Regardless of this, South African studies by Richter and Naicker (2013:11) and Wessels (2012:3) suggest that parenting programmes remain significant because they offer hope for sustainable and effective efforts to protect the well-being of South African children, especially those affected by poverty and the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS).

As mentioned, the amended Children's Amendment Act 41 of 2007 (South Africa 2007) prescribes the delivery of prevention and early intervention programmes to guard against families falling into the statutory system. It is noted that there is a range of services for delivering parent support (Moran, Ghate & Van der Merwe 2004:5). However, educational and life skills training offered by social workers to families who are at risk remains the most frequent form of support they are given (Daly et al 2015:18; Strydom 2012:446). The problem of promoting this form of intervention alone, as pointed out by Moran et al (2004:19), is that it is directed at getting parents to conform to what society expects a 'good parent' to be, by

teaching them skills. This target is narrow and focuses mostly on the proximal parent-child relationship, which fails to enable the parent to adapt to or address the wider contextual factors that compromise their parenting. In agreement with this, Strydom (2012:435) states that preventive and early therapeutic services (family preservation services) should strive to achieve more than that. They should improve the family's coping skills, strengthen family bonds, and empower the family to connect with formal and informal resources (Strydom 2012:435). The definition of parenting support given by Daly et al (2015:12) alludes to the range of services one can offer: "a set of (service and other) activities oriented to improving how parents approach and execute their role as parent and to increasing parents' childrearing resources (including information, knowledge, skills and social support) and competencies." They note that parenting is not only about providing information and skills, but also about promoting peer and social support (Daly et al 2015:19). As suggested by Strydom (2012:440-442), parenting support should include: improving relationships in the home through teaching parenting skills; strengthening communication; strengthening family bonds; empowering parents to make use of resources; offering parents concrete services, such as providing material support; making practical arrangements, such as transport and childcare; accompanying family members to resources; and assisting with the maintenance of the household.

A specific intervention for the Welbedacht East community was not planned at the outset of the study. Rather, the researcher waited to learn from the community what type of intervention they favoured. She was motivated by the knowledge that parenting support in its different forms had benefitted families who had been involved in them (Moran et al 2004:5) and was confident that the research process would develop an agenda for the intervention.

The effect of the absence of a warm, caring relationship with parents is well-documented. Insecure attachment; harsh, rigid, punitive and inconsistent discipline practices; poor supervision of and interaction with children; marital conflict and breakdown; and parental psychopathology (especially maternal depression) have deleterious consequences for children who are subjected to those situations (Sanders et al 2003:1; Swick 2008:149). Epidemiological studies have found that children experiencing child abuse and neglect suffer an increase in the body's stress response, which negatively affects their neurological functioning and harms their organs (Shonkoff, Garner, The Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care & Section on Developmental and Behavioral Pediatrics 2012:234; Ward & Wessels 2013:62). Adverse childhood experiences, such as emotional, physical and sexual abuse, neglect, being bullied, and the death of a parent, are associated with increased mental health

problems, substance dependence (Mc Elroy & Hevey 2014:65), antisocial behaviour, and juvenile crime (De Graaf et al 2008:553). The ill-health effects associated with child maltreatment are reported to continue into adulthood (Min, Minnes, Kim & Singer 2013:371), and impact upon the affected person's family relationships throughout their adult years (Savla, Roberto, Jaramillo-Sierra, Gambrel, Karimi & Butner 2013:395-396). The importance of good parenting can therefore not be underestimated.

Whilst there is widespread agreement that good parenting is essential, there is less clarity about what is collectively believed to be 'good enough' parenting behaviour (Miller 2010:8). As observed by Moran et al (2004:18), there are many views of what makes for good parenting, but the definitions fail to delineate what parents should do in actual terms, or what good parenting actually represents. The perspective of 'good enough' parenting as shared by early writers on this topic, Hoghughi and Speight (1998:294), offers that it is a process directed at fulfilling the child's survival needs and is responsible for the child's physical care, nutrition, and protection, including providing for the child's emotional needs through demonstrating love, care and commitment, setting consistent limits, and promoting the child's development. The elements of 'good enough' parenting listed in the Joseph Rowntree Foundation report (cited by Kellett & Apps 2009:27) extend this further, and refer to meeting the child's health and developmental needs; putting the child's needs first; providing routine and consistent care; and demonstrating an ability to acknowledge difficulties when they occur and a willingness to seek support to overcome them.

1.2.2 The 'Good Enough' Parent

The term 'good enough' parent was coined by Donald Winnicott, an English paediatrician and psychoanalyst, who strongly believed it was unhelpful and unrealistic to expect perfection from parents (Choate & Engstrom 2014:369; Ramaekers & Suissa 2012:83). He suggested that even though the stresses and strains of living may compromise parents' efforts to be perfect parents, most remain capable of being 'good enough' parents. Parents inherently balance being selfless and self-interested (Kunst 2012) and are mostly capable of meeting the important needs of their children despite their stresses (Hoghughi & Speight 1998:295-296). Hepworth, Rooney, Dewberry Rooney and Strom-Gottfried (2013:271) also suggest that the role of a parent can also be learned and accrued through experience. The idea that most parents are capable of being 'good enough' parents (Child Protection Resource 2014; Winnicott 1960:592) appealed to the researcher. However, the decision to include this concept to frame this research was taken with a measure of restraint, because as indicated by Choate and Engstrom (2014:372), the term 'good enough' should never allow anyone to condone or minimise the impact of harmful parenting. The researcher became intrigued with, "What

constitutes ‘good enough’ parenting?” and “Is the ‘good enough’ parenting definition universal or contextually specific?”

Hence, its application within the South African context was logical since mainstreaming child-centred processes are quite complicated, especially when families are compromised by challenging realities such as poverty, unemployment, poor housing, domestic violence, substance abuse, crime, teenage and unwanted pregnancies, absent fathers, child abuse and neglect, a general decay in moral values, the prevalence of HIV and illness, weakened intergenerational relations, etc. (White Paper on Families in South Africa 2013:Section 2.3). Evidently, a significant number of parents are parenting under extreme conditions (Ward & Wessels 2013:62; Wessels et al 2016:1). As noted by Sewpaul (2005:316), little attention is given to the structural sources of parenting problems, such as unemployment, economic oppression and exclusion, inequality, and poverty. Yet positive parenting continues to be endorsed as a buffer against the effects of structural stressors or risk factors on children, especially when parents are knowledgeable of how they can improve their caregiving (Richter & Naicker 2013:5; Ward & Wessels 2013:62; Wessels et al 2016:1). There is a dearth of evidence about the range and efficacy of existing parenting programmes in South Africa (Wessels 2012:9) and no widely implemented evidence-based programmes have been conducted in the country (Wessels et al 2016:1). The most popular programmes were developed in countries such as the United States of America (USA), the UK, Canada, and Australia (Richter & Naicker 2013:1). These remain culture-bound, because they focus predominantly on “problematic” child behaviour, and are labour intensive and difficult to replicate in other contexts (Richter & Naicker 2013:vii). As discussed by Castro, Barrera and Martinez (2004:41), whilst the fidelity of existing evidence-based interventions may be attractive, they may not be relevant to the cultural needs of a local community, nor suit the resources that are available.

Furthermore, the relevance of parenting in social work is evident particularly when considering the rights of children and the rights of parents, as suggested by Ife (2012:79). He asserts that addressing parenting that is situated in the private domain without giving due consideration to factors related to the “public” domain, namely the socio-structural issues that affect parents as they attempt to fulfil their obligations to their children, should be avoided (Ife 2012:79). It is noted in the NPAC (South Africa 2012:17) that there are substantial disparities in the access that children have to some fundamentals of life and therefore redressing discriminatory practices from the past and challenging barriers that they encounter should be prioritised.

The 2014 Global Agenda for Social Work and Social Development (IASSW, ICSW & IFSW 2014), as developed by the International Associations of Schools of Social Work (IASSW), the International Council on Social Welfare (ICSW) and the International Federation of Social Welfare (IFSW), proposes four objectives for dismantling disadvantage, making social work more consistent with human rights principles (Ife 2012:76). Firstly, enabling marginalised people to overcome poverty and oppressive situations by engaging them actively in developing their own futures. Secondly, developing people's skills in relating, communicating and collaborating as a means of creating stable, well-resourced and educated communities, because this allows them to access more opportunities. Thirdly, promoting equality, because this ensures the well-being of all communities. Finally, elevating the collective voices of the disadvantaged, engaging them to defend their rights and participate in decision making in matters related to improving their well-being. It is therefore expected that these guiding principles are reflected in the development of parenting programmes for vulnerable or marginalised communities. Limited evidence exists to suggest the extent to which these have been integrated into the development of local parenting programmes and interventions.

1.2.3 The Context of The Study: Welbedacht East

A locally specific community of Welbedacht East was selected for the study. It falls under the eThekweni Municipality, situated in the province of KwaZulu-Natal. KwaZulu-Natal has an estimated population of 10.9 million people, which accounts for close to 20 per cent of the South African population (KwaZulu-Natal Provincial Treasury 2016:6). The last census was conducted in 2011 and the population in the eThekweni Municipality was estimated to be 3 442 361 (StatsSA 2017). Based on the projection of an average growth of 1.13 per cent per annum, the population in 2017 was projected to be approximately 3 638 918 (eThekweni Municipality 2014/2015:17). The rate of people under the age of 35 is 66 per cent, with 25 per cent of the population being between 0 and 14 years (eThekweni Municipality 2014/2015:17). The eThekweni Municipality is faced with many developmental challenges: high unemployment and low economic growth; high levels of poverty; low levels of skills development and literacy; limited access to basic household and community services; and high rates of HIV/AIDS and communicable diseases (eThekweni Municipality 2014/2015:6).

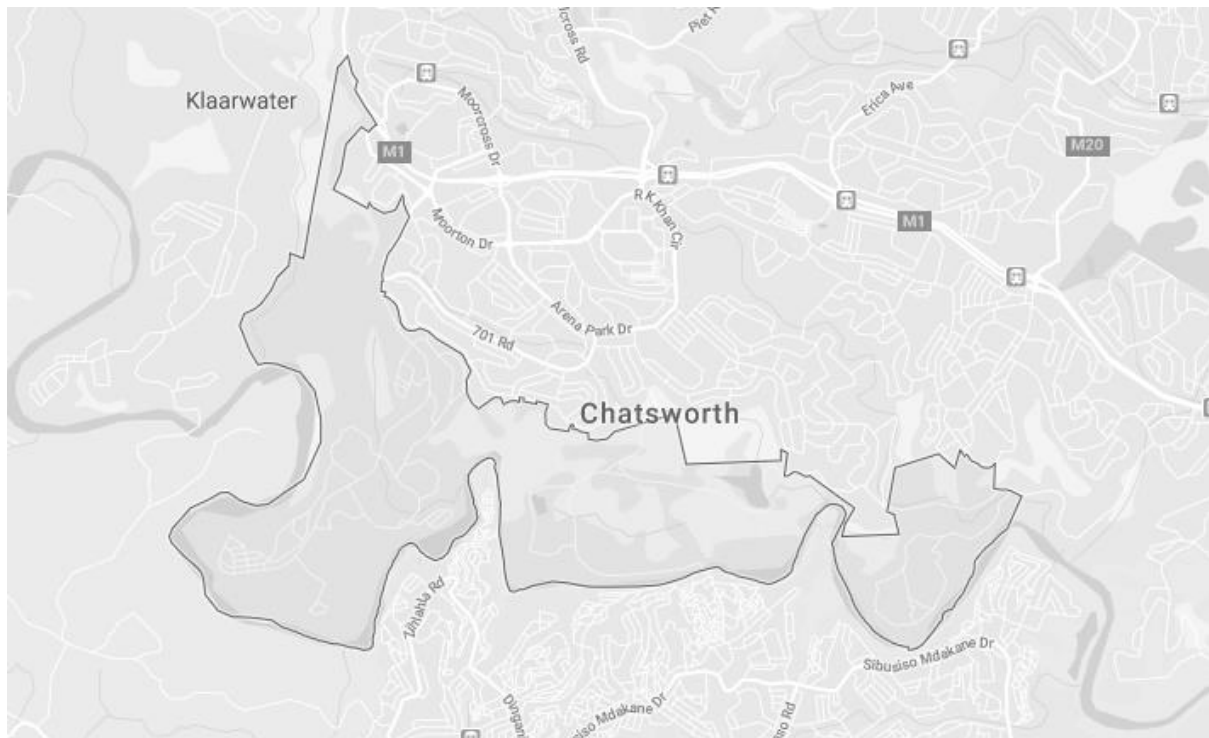


Figure 1.1: Map of Welbedacht

Welbedacht East is a low-cost housing development that was initiated in 2002 by the eThekweni Municipality and the KwaZulu-Natal Provincial Government. The housing project was implemented as part of a slums clearance project that provided 4 450 housing units for those removed from unsafe building or landslide areas, or from informal shelters or houses. Welbedacht East is located 40 kilometres from the Durban Central Business District. It is to the north-east of Umlazi Township and to the east of Chatsworth (eThekweni Municipality 2013:10). According to the South African 2011 Census, its population was 23 237 at the time of the census and using their statistical projection, it is estimated that in 2017 the population was 26 614 (StatsSA 2017).

The findings of a socioeconomic survey conducted in the township (eThekweni Municipality 2013:10) reported the prevalence of multiple child risk factors, as identified by Landy and Menna (2006:10), including poverty, violence, health factors such as HIV, and single parenting. Typical of South African low-cost housing developments, Welbedacht East was classified as a peri-urban community with limited infrastructure, poor services and limited facilities such as schools, clinics, police stations, shops and churches, which means residents need to travel long distances to reach these and their places of employment (Sokhela 2006:94-95). One primary school and three early childhood development (ECD) centres were located within the boundaries of Welbedacht East at the time of the study, two of these coordinated

by local churches. Two places of worship were prominent in the community and smaller places of worship were in some residents' homes. One of the larger places of worship offered a feeding scheme, housed a health clinic, and tendered spiritual guidance, as well as educational and empowerment classes to the indigent community. The other had built a community-based foster home for children on their premises. Because there were no social services located in the area, community members' access to assistance and support was compromised. A local government mobile health clinic provided primary healthcare services once a week. Two community driven development projects were identified by the researcher as she became acquainted with the community: one supported disabled children and the other ran an empowerment sewing group for women. Income-generating opportunities were limited, but there was evidence of one-person businesses operating from residential dwellings. These included tuckshops, spaza shops¹, taverns, hair salons, a bakery, and a bottle store. Industrial activities were limited, but some welding, motor mechanics, recycling, block making and ornament making businesses were identified there (Moonsammy & Bob 2012).

The community was clearly a "disadvantaged community", as evident from the findings of the only socioeconomic survey conducted in the community (eThekweni Municipality 2013). It was reported that 72 per cent of people living in the participants' homes were under the age of 35 years. Many of the children were reported to be living without their fathers (64 per cent) and some without either parent (27 per cent). Out of this 27 per cent, as typical of the South African context, most had been absorbed into non-parental households, typically by kin (Ardington, Case, Islam, Lam, Leibrandt, Menendez & Olgiati 2010:97), whilst a small percentage were part of child-headed households (White Paper on Families in South Africa 2013:25). This study was restricted to examining adult-headed households. The unemployment rate in the community was high, with 72 per cent of economically active adults being unemployed and only 8 per cent occupying formal employment. Many community members were reliant on social grants as their steady source of income, and 35 per cent reported having no regular income at all (eThekweni Municipality 2013:24). It is within this context that parenting becomes central to the care of children.

During 2012 and 2014, the eThekweni Municipality, *Prefeitura do Município de São Paulo* and the United Cities and Local Governments (UCLG) developed a learning exchange between Durban and *Prefeitura do Município* (eThekweni Municipality & UNISA 2013). *Prefeitura do Município de São Paulo* shared its successful experiences, methodologies and the tools used

¹ Spaza shops are small, family-owned, informal convenience stores that operate from township homes (Van Scheers 2010:221).

to uplift the vulnerable communities of some São Paulo's most disadvantaged neighbourhoods. The eThekweni Municipality selected Welbedacht East as a case study for implementing the suggestions made by *Prefeitura do Municipio* on how to improve service delivery and the quality of life in disadvantaged communities. During a site visit, the *Prefeitura do Municipio* task team recommended that the eThekweni Municipality increase the community's access to social services, as this had been one of the successful elements of their slum clearance projects.

At that time, the Department of Social Work at the University of South Africa (UNISA) had developed two learning sites for fourth level social work students (The Bright Site of Sunnyside and the Bright Site of Durban) in the inner-city areas of Pretoria and Durban in 2008 and 2009 respectively. These were the only sites that continued offering service learning to fourth level social work students until the end of 2016. Final year social work students were placed at the sites for their practicums between February and September annually to demonstrate the integration of learning tasks, whilst simultaneously rendering needed social services to inner-city communities. This initiative was mutually beneficial. Students based at the sites rendered case work, group work, and community work interventions under the guidance of academic supervisors and site coordinators. Noting the success of these projects, the eThekweni Municipality requested that UNISA enter into a partnership with the municipality between 2012 and 2014 to develop a learning site for a group of 12 final year social work students annually to facilitate the Welbedacht East community's access to social services.

The Welbedacht East Bright Site project commenced in February 2013 and the Memorandum of Agreement (MOA) was signed and adopted by all parties on 18 June 2013 (eThekweni Municipality & UNISA 2013). Whilst the strategic project ended in January 2015, the UNISA Department of Social Work continues to place fourth level social work students in organisations that service Welbedacht East. The students are placed at schools, a child welfare organisation, a hospice, and an association that renders services to the elderly. They are not located in the community but render services there. The researcher's association with the community leaders of Welbedacht East commenced with the inception of the Bright Site project and 61 students have rendered services to the community since then. Apart from case work and group work services, several sustainable projects were started, such as aquaponics gardens, an annual careers day, and breakfast clubs at schools. Through the students' involvement in Welbedacht East, the need for parenting programmes was identified as a means of mitigating the high rate of child neglect. This was endorsed by community members also.

In response to the introductory remarks made about developing parenting programmes for locally specific communities, it was logically concluded that research was required to determine the local parents'/primary caregivers' perceptions and practices of parenting which would inform the development of a locally specific intervention. Within the process of engagement with the community, their participation was central to developing a locally specific intervention that would be contextually and culturally relevant. Moreover, the research process would highlight the challenges faced by parents/primary caregivers, eliciting factors that compromised their parenting roles. This approach to the study was cognisant of a research process that commits to participatory and social inclusion principles which include the four objectives of the 2014 Global Agenda for Social Work and Social Development (IASSW, ICSW & IFSW 2014). It was envisaged that the results of this research would inform or encourage the field of family practice and/or policy to integrate locally specific perspectives, knowledge, and resources, or complement the existing body of knowledge of parenting programmes. This in turn will incrementally improve the parental care of children, especially those living in disadvantaged and culturally diverse communities.

The discussion prepared the reader for the problem statement that steered the study, as will be evident in the next section.

1.3 PROBLEM STATEMENT

The problem statement is a brief account of an area or topic that needs to be addressed (Bwisa 2008:2; Merriam & Tisdell 2016:79). It is determined by the researcher after reviewing literature and contemplating the topic when he/she realises that there is a gap in knowledge (Burns & Grove 2005:70). The problem statement should be brief (usually about one or two sentences) and should refer to the problem itself offering contextual detail (Bwisa 2008:3; Merriam & Tisdell 2016:79), some suggestion of the intended method of solving the problem, and its purpose and scope (Bwisa 2008:3). Following the recommendation of Bwisa (2008:2), the researcher will commence with a few paragraphs to expound on the problem and then conclude with the statement of the problem.

A profusion of structured parenting programmes exists for the purposes of enhancing parenting practices (Al-Hassan 2009:27; Gould & Ward 2015:5; Turner & Sanders 2006:177). Researchers Moran et al (2004:139-177) have developed an extensive list of parenting programmes and their profiles. Those, according to the researcher's practice knowledge, that have maintained popularity in South Africa are: Parent Effectiveness Training (PET) informed

by the work of Carl Rogers and developed by Gordon (1975); Systematic Training for Effective Parenting (STEP) based on Adlerian concepts and developed by Dinkmeyer and Dinkmeyer (Dinkmeyer & Mc Kay 1979); and Triple P: Positive Parenting Program, developed by Sanders and colleagues according to social learning theory (Sanders 1999).

More recently, the Department of Social Development, in collaboration with the United Nations Children's Fund (UNICEF) South Africa (South Africa, 2008a), developed the Parental/ Primary Caregiver Capacity Building Training Course to target parents in low-income groups and deliver parenting programmes in the disadvantaged communities where the need is most prevalent. Smaller scale, group-based parenting programmes have been identified, for example Sinovuyo Caring Families Programme and Positive Parenting Skills Training (Wessels et al 2016:3). The Soul City Parenting Programme is a joint initiative between the Parent Centre, the Family and Marriage Society of South Africa (FAMSA) Western Cape, and Resources Aimed at the Prevention of Child-Abuse and Neglect. The only programme that names 'good enough' parenting is the Soul City Parenting Programme, but the concept could possibly be implicated in the other programmes and the researcher was interested to see whether that concept is contextually understood in South Africa. Furthermore, the extent to which these programmes are aligned to the principles on which the White Paper on Families in South Africa (2013) is based and the 2014 Global Agenda for Social Work and Development (IASSW, ICSW & IFSW 2014) has not been discussed.

Whilst reviewing the above parenting interventions, the researcher had several questions, for example: Whose definitions of 'good enough' parenting were the developed programmes based upon? Did the programmes rest upon the definitions of middle-class experts from high-income countries whose programmes were popularised because of their research related efficacy? Was there any evidence that their definitions of 'good enough' parenting were the same or different to locally specific perspectives?

Considering that parenting is a social phenomenon affected by numerous contextual and systemic factors over which many families have limited control, to what extent had adequate consideration been given to these when choosing or developing the parenting programmes for South African families? Three related questions emanated from this line of thought. Had the developed parenting programmes taken the special needs of disadvantaged or marginalised parents/ primary caregivers into consideration? Had the presenters and developers of parenting programmes been open to learning from parents living in diverse communities about how their parenting was affected by such cultural and contextual realities? Had the developers of the programmes adequately understood the barriers that

disadvantaged or marginalised parents experienced when participating in programmes which reduced their participation or minimised the intended benefits of the interventions? Failure to contextualise parenting, as alluded to by Gillies (2005a:70), invariably results in moral judgements of vulnerable parents/ primary caregivers. The focus becomes the failed parent rather than the social and political factors that reduce parental capacity (Gorski 2005; Sewpaul 2005:316), which is a reality within the South African context.

The South African Constitution (South Africa 1996) upholds social justice and respects the diversity of all South Africa's ethnic groups. South African social work interventions therefore must be consistent with these principles. The White Paper on Families in South Africa (2013:Section 4.1) advocates participatory, rights-based strengths and preventive interventions to strengthen the coping strategies of families, but minimal detail exists regarding the extent to which developmental processes have been used in the programmes that were mentioned. These approaches are considered to empower families.

As proposed by Weidenstedt (2016:8), empowerment of disadvantaged people necessitates mindfulness of how to balance empowerment and paternalism, and support without suppression. In this discussion the researcher has mainly addressed structural empowerment and that in order to empower parents/ primary caregivers in their parenting practices, research was needed to decide:

- What exactly has to be transferred (in this instance to achieve 'good enough' parenting)?
- What should the objectives of such an intervention be?
- How could such an intervention be made to be efficient and effective?

However, Weidenstedt (2016:2) refers to a second type of empowerment, namely communicative empowerment. This is associated with "how" one addresses structural empowerment (Weidenstedt 2016:8). She notes that true empowerment is dependent upon communicative dynamic interaction, in this instance between the professional person intending to develop a locally specific parenting support intervention and the parents/ primary caregivers who would be the recipients of the intervention. The research process therefore would have to be reliant upon the development of a good understanding of what the community believed to be important about parenting and how they thought 'good enough' parenting should be promoted. The research had to adopt an approach that required attention to the inadvertent processes of research that may influence the community to accept a professional agenda and create a research process based on reciprocity. Therefore, the locally presented parenting programmes had to take cognisance of local culture, be respectful

of diversity, and be based on the parents'/ primary caregivers' understanding of the complex social processes influencing their parenting practices. Interventions that are developed from the bottom-up are expected to be the most sensitive to cultural contexts of risk and resilience, which affect psychological issues (Hall, Ibaraki, Huang, Marti & Stice 2016:993). Yet few studies of cultural adaptations of psychological interventions that include parenting programmes use the bottom-up approach for cultural adaptations (Hall et al 2016:998).

These factors indicated that in order to develop a parenting support intervention for Welbedacht East, a contextual approach would be required; one that fostered structural and communicative empowerment. Participatory, rights- and strengths-based processes appeared to be relevant for a preventive or early intervention for the parents/ primary caregivers of Welbedacht East, as advocated by the White Paper on Families in South Africa (2013:Section 4.1).

To conclude, the problem statement was:

- Based upon the paucity of literature that elucidates 'good enough' parenting, especially literature related to developing responsive, localised, needs-based parenting programmes, it is proposed that further investigation is warranted towards adopting a more participatory approach for the Welbedacht East community. Therefore, this qualitative case study will explore the perceptions and practices of Welbedacht East parents/ primary caregivers in respect of good enough parenting in order to utilise the data to inform and develop a locally specific parenting support intervention based on, amongst other indicators, the expressed needs and customs of said community.

This section explained the problem statement. What follows next is the discussion of the rationale for the study.

1.4 RATIONALE FOR THE STUDY

Elucidation of the rationale for a study, as mentioned by Maree (2016:30), is important because it informs others about what led the researcher to the research topic and why he/she considered it to be worthy of investigation. In this section, the researcher motivates why her efforts to study the perceptions and parenting practices of the Welbedacht East community and the parenting support intervention that emerged could contribute to further research and literature, social policy, and effective practices (Rossman & Rallis 2012:131)

Parents/ primary caregivers predominantly bear the responsibility for socialising, nurturing, caring for, and protecting their children. It is therefore assumed that strengthening parental competence will positively affect child well-being (De Graaf et al 2008:553; Wessels et al 2016:1). A South African researcher, Wessels (2012:8), reviewed a range of South African sources to evaluate the effectiveness of parenting programmes conducted in South Africa. Her evaluation provided strong evidence that interventions that nurture relationships between young children and their parents impacted positively on the children's well-being. They helped to mitigate against child maltreatment, reduce childhood aggression and child behavioural and emotional problems, and increase general parental effectiveness and family functioning.

In the light of the preceding discussion, several gaps were not only identified, but became the catalyst for further investigation. Doorewaard (2010:822) agrees that the intention of doing research should not just be to fill in the gaps, but rather to make it interesting and relevant, and embark upon it to challenge existing beliefs and develop new ways of viewing and responding to social phenomena.

The researcher had worked as a social worker at FAMSA for eight years before joining UNISA. The organisation's mission was to uplift and strengthen family life. Throughout her time working there, her interest lay in emergent interventions for strengthening families. Of particular interest to her were those interventions intended to assist parents to become good parents, as she believed they were likely to have the best impact on improving the quality of life for children. The selection of her research topic for her Master's degree, which was "Adapting a Western model of filial therapy to a locally specific form with kinship carers in the Umlazi area" (Petty 2002), was influenced largely by this same issue. The study for her Master's was conducted in a localised community and as such was committed to how social work research, like social work practice, should recognise the contextual influences on practice (D'Cruz & Jones 2014:1). The outcome of the study was that the adapted filial therapy model enhanced parent-child relationships and provided kinship carer participants with much needed support. However, when efforts were made to present the adapted model on a larger scale to similar parents in different communities, it did not appear to be as successful.

Subsequently, the researcher questioned and examined whether adapting existing models of intervention for locally specific communities was ethical, relevant and effective, which again strengthened her commitment to what Royse (2011:7) aptly captures as "finding the best available evidence about interventions, to critically appraise it to make the best decision and to evaluate the results". She contemplated whether parents of different cultures and communities shared common definitions of 'good enough' parenting. She reflected upon the

extent to which cultural diversity affected parental definitions of the sociology of the child and parenting.

The researcher's commitment to developing interventions to strengthen families remained. A book titled "Indigenous Social Work around the world", edited by Gray, Coates and Bird (2008), introduced her to the concept of "authentization". Authentization is described as a genuine commitment to finding creative ways of developing local strategies to address contextual problems and needs, using a "bottom-up" approach (Gray & Coates 2008:16). Practitioners committed to authentization work from the ground up when generating knowledge and practice models, drawing on the values, beliefs, customs, and cultural norms of local and indigenous practices, focusing on local knowledge and resources, and developing practice methods rooted in local systems (Gray & Coates 2008:16). This approach is further endorsed by other Australian-based authors, namely D'Cruz and Jones (2014) and Royse (2011).

Closer to home, the writings of Bar-On (2003:26) and Chikadzi and Pretorius (2011:265) call for a repositioning of social work knowledge, to shift the Western theoretical axis to an African one that considers diverse local situations and acknowledges the point of understanding diversity of values in order to direct or inform relevant interventions and skills development (Bar-On 2003:31).

Reflecting upon the parenting programmes that the researcher had been associated with, it became evident that authentization had been lacking in their development. For example, a democratic style of parenting consistent with Baumrind's (1971:22-23) authoritative parenting is advanced over authoritarian or permissive parenting. Yet, it is noted that parents living in bad neighbourhoods, faced with minimal socioeconomic resources, consciously adopt authoritarian parenting styles as a means of minimising their children's exposure to neighbourhood risks (Ceballo, Chao, Hill, Le, McBride Murry & Pinderhughes 2008:223). The importance placed on the cognitive stimulation and intellectual development of the child in terms of 'good enough' parenting practices provides another example and pays inadequate consideration to the socioeconomic realities of parents who struggle to fulfil the most basic needs of the child, such as food, suitable shelter, and medical care. Therefore, as an initial phase, exploring and developing a deeper understanding of the Welbedacht East community's aspirations of what was needed to be 'good enough' parents, was necessary. After that the development of a relevant and responsive intervention would contribute to the attainment of the intended outcomes presented in the White Paper on Families in South Africa (2013).

A review of the theoretical framework will be provided in the next section, integrating the notion of authentication into a conceptual framework, as was developed for this study.

1.5 THEORETICAL FRAMEWORK FOR THE STUDY

The research was located within two theories, namely the bioecological and social inclusion theories, and the eclecticism of both provided depth of understanding of the contextual influences that impact on parenting practices and an action-oriented perspective of approaching the development of the locally specific parenting support intervention. The theories influenced the way in which the research topic was defined and how the methodological approach and tools were applied during the research process. The detail of the theoretical framework appears in Chapter Two, which deals with the theoretical framework of the study.

SECTION 2: THE RESEARCH QUESTIONS, GOALS, AND OBJECTIVES OF THE STUDY

This section provides the logical sequence of explaining the value of the research questions for this study and how they were broken down into general, overarching questions with sub-questions to facilitate the collection of more detailed information. The questions developed introduce the reader to the research goals that were developed for the study.

1.6 RESEARCH QUESTIONS

Having located the issue, the need to develop a contextually and culturally relevant locally specific parenting intervention, the researcher was logically required to decide on the appropriate research questions that would assist in addressing the study (Daymon & Holloway 2011:24-25). Research questions are at the core of the research process (D'Cruz & Jones 2014:23), because they provide direction and coherence to the research process by determining what research approach and methodology will be followed to answer the specific research questions (Klopper 2008:65; Neuman 2012:90-91; Punch 2014:7). The questions delineated the boundaries of the research and ensured focus during the research process. It determined the data that had to be gathered, which in turn created the structure for reporting the findings so that the responses that emerged could be challenged, examined, and analysed to produce new information (D'Cruz & Jones 2014:23).

From the inception there were two overarching research questions (Royse 2011:18). Having more than one overarching question is acceptable when there is more than one general question for interrogation (Punch 2014:61). The two overarching questions were broad and open-ended (Royse 2011:39) and prompted the development of a few sub-questions that followed on from and fitted in with them to deepen the inquiry (Punch 2014:61; Royse 2011:39).

1.6.1 General Overarching Research Questions

There were two broad overarching questions that framed the research. Firstly:

- “What are the Welbedacht East parents’/ primary caregivers’ perceptions and practices of ‘good enough’ parenting?”

As the study intended to explore parenting practices in the community to ascertain what a feasible early intervention would be for them, the researcher developed the second general question, which was:

- “What should a locally specific parenting support intervention entail?”

All questions were specifically related to parents/ primary caregivers, residents in Welbedacht East and responsible for caring for children who were younger than nine years at the time of the study. The eight sub-questions, as related to each of the two overarching questions, are presented in Table 1.1 below.

1.6.2 Sub-Questions Related to the General Overarching Research Questions

The sub-questions are presented in Table 1.1 as they fitted in with the overarching questions.

Table 1.1: The overarching research questions and related sub-questions

Overarching question 1	Overarching question 2
1. What are the Welbedacht East parents'/ primary caregivers' perceptions and practices of 'good enough' parenting?	2. What should a locally specific parenting support intervention entail?
Sub-questions	Sub-questions
1.1 What factors impacted positively and/or negatively upon the parents'/ primary caregiver's parenting practices?	2.1 How can the parents'/ primary caregivers' understanding of 'good enough' parenting be used to develop a locally specific parenting support intervention for Welbedacht East?
1.2 What negative parenting practices needed to be addressed in the community?	2.2 What issues do parents/ primary caregivers consider to be relevant for enhancing parenting practices within their community?
1.3 What positive parenting practices do the parents/ primary caregivers wish to see developed amongst parents/ primary caregivers in the community?	2.3 What interventions do parents/ primary caregivers consider to be relevant for enhancing parenting practices within their community?
1.4 How does culture influence parenting practices in the community?	2.4 Is it possible to achieve the design of a culturally and contextually relevant parenting support intervention for Welbedacht East by using a collaborative research process?

The answers to these questions informed the findings, as presented in Chapter Five. They were developed into the themes that emerged from the analysis of the data. The choice of questions was considered in conjunction with the research goal, which is explained next.

1.7 THE RESEARCH GOAL

It is suggested by Daymon and Holloway (2011:24-25) that a research goal provides an indication of what the intended outcome of the research will be and is stated to reflect the researcher's motive, desires, and purposes for undertaking the study (Klopper 2008:65; Maxwell 2013:23).

The goal of this study was to develop a contextually and culturally relevant parenting support intervention to strengthen parenting practices in Welbedacht East. The intervention had to rest on an in-depth understanding of the subjective experiences of the parents/ primary caregivers as they went about their daily routines, caring for their children. The meanings that parents/ primary caregivers assigned to their experiences and feelings needed to be accentuated

(Monette, Sullivan & DeJong 2011:262) to reflect the socio-political realities of parenting in Welbedacht East. Having an emancipatory/inclusion agenda, the “voices” of parents/ primary caregivers were to be amplified (Royse 2011:261), their diversity respected, and their involvement in the development of the intervention favoured (D’Cruz & Jones 2014:51). These intentions were consistent with the objectives of the NPAC (South Africa, 2012a) and the White Paper on Families in South Africa (2013:39-40).

1.8 THE RESEARCH OBJECTIVES

Research objectives are very clear statements about what the researcher plans to achieve and are expressed in concrete, achievable language (French, Yardley & Sutton 2005:46; Liamputtong & Ezzy 2005:292; Monette et al 2011:472). Whilst Monette et al (2011:472) propose that the objectives be listed in the order of their importance and contribution to the study, the researcher has presented them in a table which incorporates the steps of the basic research process, which Marlow (2011:24) and Monette et al (2011:8) explain is not unlike the helping process in generalist social work practice. They are: identification of the problem or conceptualisation of the study, research design development, data collection or making research observations, data processing, data analysis, drawing conclusions, and disseminating results (Babbie 2011:113; Monette et al 2011:11). The table describes each of the research objectives and how each proposes to achieve the research goal. The objectives commenced with research design development or, more specifically, population and sampling as it is referred to by Babbie (2013:113) and concluded with developing the findings and recommendations that informed a parenting support intervention.

Table 1.2: Research objectives for the study

COMMUNITY CHAMPIONS	PARENT/ PRIMARY CAREGIVER PARTICIPANTS
To obtain a sample of community leaders, gatekeepers, and service providers who interacted with parents/ primary caregivers (PPCs) living in Welbedacht East.	To obtain a sample of Welbedacht East PPCs who were caring for children who were younger than nine years of age at the time of the study, living in the same household.
To conduct semi-structured interviews with community leaders, gatekeepers, and service providers, aided by open-ended questions contained in an interview guide, to explore, describe and contextualise the PPCs’ perceptions and practices of ‘good enough’ parenting and the support interventions they required. (Addendum G)	To conduct semi-structured interviews with PPCs, aided by open-ended questions contained in an interview guide, to explore, describe and contextualise the PPCs’ perceptions and practices of ‘good enough’ parenting and the support interventions they required. (Addendum M)

<p>To recruit an action group from the community champions interested in representing their sectors with the purpose of involving them in decision making about the research process so that the research methods would remain sensitive and relevant to the Welbedacht East community.</p>	<p>To conduct a consultation workshop with a group of PPCs, aided by open-ended questions.</p> <p>Inherent in this objective was: to enhance the linkages and shared experiences of participants; develop shared understandings of parenting practices based on local knowledge and experiences, identify what information was required and where it could be located; prioritise themes relevant to their needs; locate existing information and resources amongst themselves; and nurture cooperation and teamwork required for the development of a locally specific parenting support intervention (Addendum W).</p>
<p>To transcribe the data obtained from the community champions to use for analysis.</p>	<p>To transcribe the data obtained from the PPCs and consultation workshop to use for analysis.</p>
<p>To analyse the data obtained from the community champions using Thematic Analysis (Braun & Clarke 2006:87-93) and Tesch's eight steps in the coding process (Creswell 2014:198) to develop an understanding of:</p> <ul style="list-style-type: none"> • positive and negative parenting practices in the community; • contextual realities that impacted on parenting practices in the community; and • resources needed to strengthen community parenting practices. <p>Community champions' responses to the research questions were to be analysed to extract meanings, patterns, and themes.</p>	<p>To analyse the raw data collected so as to make sense of the recorded texts using Thematic Analysis (Braun & Clarke 2006:87-93) and Tesch's eight steps in the coding process (Creswell 2014:198), to create an improved understanding of PPCs' responses to the research questions (Gibbs, in Daymon & Holloway 2011:301), and highlight meanings, patterns, and themes that emerged from the interviews and the consultation workshop.</p>
<p>To describe the views of the community champions regarding:</p> <ul style="list-style-type: none"> • what constitutes 'good enough' parenting; • the quality of parenting provided by parents/ primary caregivers in Welbedacht East; • factors impacting on parenting practices in Welbedacht East; • resources and parenting topics needed to improve the general quality of parenting in Welbedacht East; and • their recommendations for the design of the locally specific parenting support intervention for Welbedacht East. 	<p>To describe the PPCs' responses to questions about:</p> <ul style="list-style-type: none"> • what constitutes 'good enough' parenting; • the quality of parenting provided by parents/ primary caregivers in Welbedacht East; • factors impacting on parenting practices in Welbedacht East; • resources and parenting topics needed to improve the general quality of parenting in Welbedacht East; and • their recommendations for the design of the locally specific parenting support intervention for Welbedacht East.
	<p>To conduct a literature control on parenting support programmes and their effectiveness when working with diverse communities (communities that are contextually and culturally different), to determine whether existing knowledge may be relevant for this community (Babbie 2011:391).</p>
<p>Both groups are brought together to:</p> <ul style="list-style-type: none"> • draw conclusions and make recommendations for a locally specific parenting support intervention for the Welbedacht East community; and • develop the findings and recommendations into a parenting support intervention. 	

A detailed account of the research objectives developed for the study were presented and logically related to the selection of a research approach and methodology. This section also includes motivations for the choice of research methods that were applied in the study.

SECTION 3: RESEARCH METHODOLOGY AND DESIGN

The final section of this chapter explains the research approach, research design, and research methods that were chosen for this study at the outset. The practical plan that the researcher intended to use to reach conclusions about the research questions that she had developed is outlined.

1.9 RESEARCH METHODOLOGY AND RESEARCH DESIGN

Typically, the discussion of this section commences with a review of the research approach, followed by the research design and research methods that guide the research decisions made throughout the research process. The researcher will break tradition and discuss the IDD Model based on the work of Rothman and Thomas as both the research approach and research design, because the IDD has been described as a research paradigm (Bailey-Dempsey & Reid 1996:209; Comer, Meier & Galinsky 2004:259; Thomas & Rothman 1994:8). According to D'Cruz and Jones (2014:36), a paradigm is seen as going beyond a research strategy, because it frames the way the researcher “sees and explains” things (Babbie 2013:58), and Klopper (2008:67) adds how these beliefs and assumptions influence the way the researcher explains or does things during the research process. The IDD successfully applies a qualitative approach to inform the design and development of an intervention (Gilgun & Sands 2012:356).

1.9.1 Intervention Development and Design

Intervention research is conducted for the purpose of “conceiving, designing, creating and assessing human interventions applicable to real-world settings to solve and prevent problems to maintain quality of life” (Strydom, Steyn & Strydom 2005). It goes beyond generating knowledge to understand the conceptualised problem, in this instance parenting practices of the Welbedacht East community, to using that knowledge to develop an improved service or intervention (Bailey-Dempsey & Reid 1996:209; Van Rooyen 1994:280). Following a recursive process of implementing and refining the developing intervention over time using scientific rigour, the concern or problem is prevented or solved and the quality of life of those affected

is enhanced (Bailey-Dempsey & Reid 1996:208-228; Gilgun & Sands 2012:349-361; Strydom et al 2005:593-594; Van Rooyen 1994:279-280). To this, Schilling (1997) adds that the intervention may be generalised across other settings and populations that share similar characteristics.

There are six recognisable phases in the research process, with each phase having distinct operational tasks. These are presented in the diagram representing the social, economic, and cultural characteristics that impact on the issue of 'good enough' parenting practices of parents/ primary caregivers living in Welbedacht East (Figure 1.2). They are schematically arranged in the shape of a cloud to represent the social, economic, and cultural changes that affect parenting practices over time. Within the cloud the six phases are presented as occurring in sequence. A linear course seldom occurs, because phases impact on and influence each other. The cultural competence of the researcher is important, because contextual and cultural relevance are important to the development of all interventions (Bernal & Saez-Santiago 2006; Rubin & Babbie 2013:307).

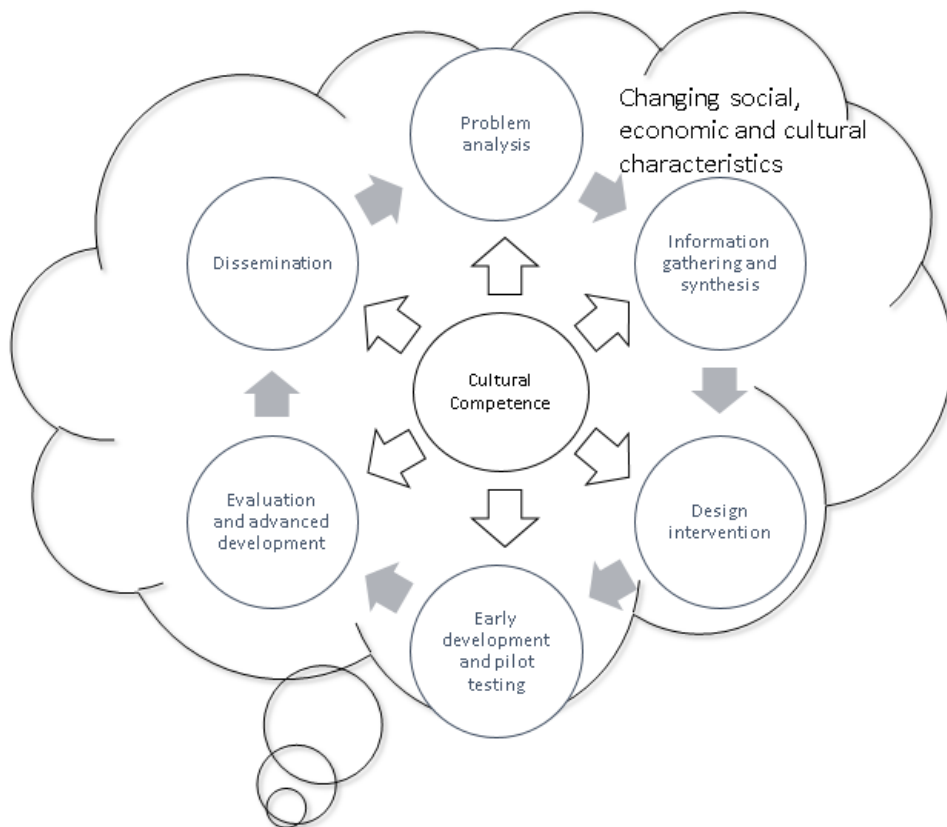


Figure 1.2: Diagram of the process of the IDD used to develop a contextually and culturally relevant parenting support intervention

(Adapted from Bernal 2006:145)

1.9.1.1 *The phases of the IDD model*

The IDD Model has predictable steps that direct the research process. Their application to the study will not be discussed here, because they are detailed under research methods in this chapter.

- **Phase 1: Selecting the area of focus, designing a remedy, and identifying possible strategies.**

Carefully chosen research methods are applied to conduct a detailed analysis of the research problem. This phase is broken down into five phases which will be detailed later in this section.

- **Phase 2: Reviewing the literature, and consulting with professional experts and individuals experiencing the area of focus.**

Existing information sources, such as literature, consultations with experts in the field, and natural examples of functional elements of successful interventions, are examined and collated.

- **Phase 3: Specifying the elements of the intervention and developing detailed plans for the implementation of a pilot version.**

The preferred procedural elements for the locally specific intervention as informed by the data collected during Phases 1 and 2 that were intended to be piloted are presented in Chapter Eight.

- **Phase 4: Pilot testing the intervention.**

Based on data collated in Phases 2 and 3, a pilot intervention is initialised. An observational instrument is developed to assess the preliminary trial of the intervention.

- **Phase 5: Conducting full-scale, experimental field tests of the intervention.**

An advanced programme using an experimental design is implemented on a wider scale, replicating the programme under more controlled research conditions to test the intervention on a larger scale to determine if the intervention requires further modification.

- **Phase 6: Disseminating information about the intervention and the full-scale project.**

The intervention is disseminated on a wider scale to market it and attract feedback from practitioners, policy makers, and the target group.

The intention was not to complete all six phases for presentation in this thesis, because the development of an intervention is acknowledged to be a recursive process that evolves over a period (Comer et al 2004:251; Gilgun & Sands 2012:350; Schilling 1997). The implementation of the first three phases, namely problem analysis, information gathering and synthesis, and the outline of the intervention design were planned for presentation in this thesis. Van Rooyen (1994:278-279) notes that these three phases fall discretely into the analysis and development of the intervention phase of the model, which created a distinct junction for the researcher to present work that was “doable” and within the scope of her doctoral study. The latter three phases are described by Van Rooyen (1994:279) as the evaluation phase of the intervention, involving the trial and field implementation; collection of evaluative data and evaluation of the intervention; and dissemination of information amongst potential users. As the community and the researcher continue to work together on the intervention, the remaining phases will be completed after the submission of this thesis. Piloting, evaluation, and advanced development require further qualitative and quantitative research to evaluate the effectiveness of the parenting support intervention (Fraser & Galinsky 2010:464). Thereafter, should problem areas be identified, they will be addressed, and the intervention will be duly modified. As stated by Comer et al (2004:251), these processes cannot be rushed and Abell and Wolf (2003:6) caution that the entire process can potentially evolve from a three to a ten-year period.

There is consensus that the phases of the model do not need to be implemented in succession (Abell & Wolf 2003:5; Comer et al 2004:251; Du Preez & Roux 2008:79; Van Rooyen 1994:278), however failing to fulfil the utilisation and dissemination of the research (evaluation) has ethical implications implying that the research process has not been completed (Bailey-Dempsey & Reid 1996:223; Van Rooyen 1994:281). The remaining phases, namely early development and pilot testing, evaluation and advanced development, and dissemination, will be attempted as post-doctoral research initiatives during the researcher’s ongoing community engagement service in Welbedacht East.

1.9.1.2 *The advantages of using the IDD Model for the study*

The underlying assumptions of the IDD Model were largely consistent with theories adopted for the conceptual framework for the study, namely the bioecological and social inclusion theories, and are illustrated below:

- The development of the intervention relied extensively on the expansion of an in-depth understanding of the Welbedacht East parents'/ primary caregivers' perceptions and practices of 'good enough' parenting. This was only possible by giving sufficient focus to the interactive contexts in which the parents/ primary caregivers lived their lives, noting the stressors and injustices they suffered, as well as their resiliencies, and pinpointing the locations wherein their vulnerabilities were situated, as consistent with IDD (Gilgun & Sands 2012:350). This advanced an integrated perspective of parenting (Comer et al 2004:250).
- An intervention requires highly contextualised knowledge best acquired through collaboration with the intended recipients or prospective agents of the intervention, because they have a distinct knowledge of the factors that will affect it (Frazer & Galinsky 2010:461). Collaboration with the community was an essential component of the research plan.
- The IDD intervention is acknowledged as an effective design for developing interventions that address the needs of low-income, disadvantaged populations (Schilling 1997), which is vital when working within the recommendations of the White Paper on Families in South Africa (2013) which advocates utilising a developmental approach to helping.
- The IDD is considered as specifically suited to developing interventions for predominantly different cultures (Bailey-Dempsey & Reid 1996:208; Fraser & Galinsky 2010:464) and undertaking developmental work with children and families (Fraser & Galinsky 2010:460). Referring specifically to interventions that are adapted or altered to make them more culturally relevant requires a more collective process and therefore Fraser and Galinsky (2010:465) once again advocate involving community members in the process.

The choice of a research approach is based on three factors (Marlow 2011:36): the goal of the research, the amount of information available on the topic being researched, and the audience for whom the research is intended.

The goal was the development of a locally specific parenting intervention based on the involvement of the community. It called for an understanding of the "subjective" experiences of the parents/ primary caregivers (Monette et al 2011:92).

There was a plethora of literature on parenting, but an absence of locally specific knowledge about the Welbedacht East parents'/ primary caregivers' perceptions and practices of 'good enough' parenting and the contextual realities that impacted their lives (Monette et al 2011:92; Royse 2011:262). Information was needed to create a rich account of their parenting experiences of living within that specific community, using their "words", "descriptions" and "narratives" (Monette et al 2011:91; Royse 2011:261).

The research was meant to develop "knowledge for use" (Barbour 2000:157). Information was gathered with a specific outcome in mind – the development of a locally specific cultural and contextual parenting support intervention that involved the community in its development, as described by D'Cruz and Jones (2014:50). The change that was hoped for was that the parenting support intervention the community helped to develop would improve the quality of parenting received by the children living in Welbedacht East. The intervention would be based on how the community members defined their needs and "voiced" their realities to assist service providers, family practitioners, policy makers, and politicians to understand their situations better.

These three factors confirmed Van Rooyen's (1994:281) point that the IDD is introductory, developmental, and qualitative. The qualitative approach was therefore selected.

1.9.2 Qualitative Approach

As confirmed by Bernal (2006:149) and Fraser and Galinsky (2010:460), the IDD details the real issues that underlie an identified concern and the manner in which people are affected personally by those issues. Qualitative research applies research procedures that "describe and interpret the experiences of research participants in a context-specific-setting" (Ponterotto 2005:128). It adopts an inductive process to develop knowledge (Schilling 1997:175).

As much of this approach's relevance to this locally specific study has been discussed in Section 1 and 2 of this chapter, the characteristics thereof as relevant to this study, as presented by Creswell (2014:185-186) and Royse (2011:261), are briefly mentioned below:

- **Participants' meanings:** The researcher developed an inside and in-depth perspective of parents'/ primary caregivers' experiences of parenting. She was able to use their own words to write up a rich description of Welbedacht East parents'/primary caregivers' perceptions and practices of parenting.

- **Holistic account:** The outcome was a complex view of the socio-political realities of parenting in this locally specific low-cost housing project.
- **Researcher as the key research instrument:** The researcher was fully involved in the collection and analysis of the data and interacted personally with all research participants; if not through conducting their interviews, then at the consultation workshop.
- **Natural setting:** All but two of the research interviews were conducted in Welbedacht East. These were conducted at the participants' offices (community champions) to accommodate their requests. Frequent visits to the community promoted face-to-face contact with community members and the researcher witnessed the parents going about their daily routines first-hand.
- **Inductive and deductive data analysis:** The researcher was able to immerse herself in the study, as she conducted an inductive analysis of data to identify the prevalent themes and then reworked these to see if more information was needed.

The study had exploratory, descriptive, and contextual purposes. The relevance of the exploratory, descriptive, and contextual research designs and their interrelatedness to the thesis are included below, as each pertained to different dimensions of the methodology.

1.9.3 Exploratory Research Design

The exploratory research design was selected, because although several international publications had defined the constructs of 'good enough' parenting, not much was known about the extent to which these had taken cultural diversity and socioeconomic factors into consideration. Nor was there evidence that the topic had been researched in South Africa. Authors D'Cruz and Jones (2014:21) and Royse (2011:27) suggest that this is a good indicator that an exploratory research design is required. The researcher's interest was in several perspectives: What were the parents'/ primary caregivers' interpretations of 'good enough' parenting? What were the factors that enhanced or hampered their parenting practices? What support would help them to strengthen parenting practices?

It was feasible to approach the study tentatively, initially on a small scale (Royse 2011:27), using a flexible research design (D'Cruz & Jones 2014:23). Parents'/ primary caregivers' views were explored directly (Creswell 2014:16). These were consistent with exploratory research designs.

1.9.4 Descriptive Research Design

Authors Marshall and Rossman (2016:78) and Royse (2011:27) suggest that descriptive research is relevant when a good understanding of a specific population is needed. As elaborated by Royse (2011:27), it is useful when you need to collect more precise information. The researcher includes prominent actions, events, beliefs, attitudes, social structures and processes, as gathered from the personal experiences of a population, in the findings of this thesis. Such in-depth descriptions achieve three objectives: the concepts and the patterns of relationships between the different concepts become evident, the intricacies associated with the phenomenon are understood, and sense is made of why things happen as they do (Mahtani 2004:57). The descriptive research design yielded rich descriptions of the personal, cultural, and contextual perspectives of 'good enough' parenting from a group of carefully selected research participants that included community champions and parents/ primary caregivers. They were the best informed about the contextual realities of parenting in the locally specific community (D'Cruz & Jones 2014:21; Marlow 2011:36). The information was collected through face-to-face meetings and accurately recorded, so that the participants' perspectives could be reported (Marlow 2011:36). This understanding advanced the development of a locally specific parenting support intervention so that it demonstrated cultural sensitivity and cultural competence. Additionally, it gave voice to Welbedacht East parents'/ primary caregivers' concerns about the social and socio-spatial contexts interfering with their ability to promote their children's well-being (Holloway & Pimlott-Wilson 2014:94).

1.9.5 Contextual Research Design

Qualitative research considers the context and setting of the research topic significant. The contextual research design promotes the social and political meanings of the research issue being investigated (Klopper 2008:68; Neuman 2012:92; Shaw & Gould 2001:178). The researcher wanted information about how the rights of parents/ primary caregivers and children living in Welbedacht East had been compromised and how and where they could be supported to be the 'good enough' parents they wanted to be. This understanding was critical for the development of the intervention.

Another contextual perspective was that research studies are situated in multiple contexts that each require consideration (Hennink, Hutter & Bailey 2011:288). Contextual layers of research include: the subject under study, the theoretical framework adopted, cultural and physical variables related to the study, the context of issues and their implications, and research methodology. This chapter serves to mention these. The subject context, problem formulation, and rationale have been explained in the preceding sections of this chapter. A theoretical

explanation of the bioecological theory and social inclusion theory will be presented in Chapter Two. The cultural and physical contexts of parenting in Welbedacht East and the implications of these on 'good enough' parenting practices will be detailed when the analyses of the interviews with community champions and parents/ primary caregivers are presented in Chapter Five. The implications of the contextual realities of parents/ primary caregivers living in Welbedacht East were used to make recommendations in Chapter Seven. The latter part of this chapter addresses the research methods adopted to implement the research methodology using the IDD.

1.9.6 The Case Study Design

The case study design has recognisable characteristics that were relevant to this study, as discussed by several research authors (Boblin, Ireland, Kirkpatrick & Robertson 2013:1267; Creswell 2014:14; Silverman 2011:16). The study explored a "bounded system", namely a small group of parents/ primary caregivers residing in Welbedacht East, who were responsible for caring for children under nine years of age on a permanent basis. The case or system was studied over a specific period, namely June 2016 to May 2018, during which time the research-related fieldwork was conducted. Multiple sources of information were consulted to gather detailed data about the parents/ primary caregivers, their parenting practices, their positive and negative experiences of parenting, the context of Welbedacht East, the resources and support they could access, and the barriers that prevented them from sourcing the support they needed to be 'good enough' parents. A specific sampling strategy was chosen to identify people who had the information needed, namely community champions and parents/ primary caregivers. Both data sources and sampling strategies used in this study will be elaborated on under the sections that discuss sampling and data collection. The data collected was analysed using thematic analysis to identify case-based themes that expanded the descriptions relevant to the research topic. This revealed how the parent/ primary caregiver participants interacted with others and the community at large whilst trying to go about fulfilling their parenting functions and enlightened the researcher about their interpretations of their experiences (Maree 2007:76).

The case study design is frequently incorporated with the IDD, as noted by Daymon and Holloway (2011:114). Being consistent with emancipatory research, it offered a positive instrument to promote understanding and acknowledgement of the inequities the parents/ primary caregivers grappled with, highlighting the dynamics of their parenting situations (Maree 2007:76). The shortcoming of using the case study design was its lack of generalisability, but this was not a concern in this research as the purpose was to gather

information to inform the development of a locally specific parenting support intervention, rather than apply the findings to other contexts (Creswell 2014:14; Maree 2007:130).

Research technology was carefully selected for each of the phases of the IDD to ensure that the research objectives would be achieved. The methods chosen during Phase 1, the problem analysis and project planning, will be addressed in table form, drawing attention to the phases of the research as undertaken and justifying the motivations for selecting them for this research.

1.10 RESEARCH METHODS

Research methods refer to the processes and procedures adopted to execute research (Ponterotto 2005:132). The IDD has six phases and different research methods may be required in each of the phases. As has been explained, only Phase 1 to 3 were the focus of this study, because it formed part of the researcher's doctoral study. As indicated by several authors, the development of an intervention is a recursive, protracted process (Comer et al 2004:251; Gilgun & Sands 2012:350). The research methods that were planned for each phase will be identified in the next section.

1.10.1 Phase 1: Research Methods Chosen for Problem Analysis and Project Planning

The research methods selected for the steps of Phase 1, problem analysis and project planning, are consolidated in a table that includes the five steps of Phase 1 of the IDD: gaining entry into the community; identifying and involving participants (population, samples and sampling strategies); involving participants and identifying their concerns (data collection tools); analysing identified concerns (data analysis); and setting the goals and objectives for an intervention the community supports. Within the table the research activities required for each of the steps are briefly mentioned as planned for the study and reflect the research terminology employed in the study.

Table 1.3: The operational steps of the IDD reflecting the research technology as would be used in Phase 1 of the IDD – problem analysis and project planning

STEP 1: Gaining entry and cooperation from settings	PLANNED APPLICATION OF STEP 1 IN THIS STUDY
	<ul style="list-style-type: none"> • Gain ethical clearance from UNISA's Research and Ethics Committee (Addendum A) • Introduce the idea of the research to several stakeholders on the Bright Site stakeholder list: Chatsworth Child and Family Welfare, the community liaison officer, the local government councillor, and two leaders of faith-based organisations (FBOs). • Send letters of introduction and an explanation of the purpose of the research to the Director of Chatsworth (Addendum C) and local government councillor (Addendum B). Arrange visits to both the Director and the local government councillor to explain the letter of introduction, the purpose of the research, and the support that was needed.
STEP 2: Identifying participants (populations, samples, sampling strategies and preparing participants for research)	PLANNED APPLICATION OF STEP 2 IN THIS STUDY
<p>POPULATION: all possible cases of what the researcher was interested in studying to help her draw conclusions (Daymon & Holloway 2011:209; Marlow 2011:138; Monette et al 2011:136). It is noted by Babbie (2013:135) that this is an academic aggregation of participants from whom the sample will be selected. Data in qualitative research is mainly conducted with two main groups: key persons, referred to as key informants, and the actual subjects of the study (Swanborn 2010:73-74).</p>	<p>Population 1: Community champions – gatekeepers/ key informants, community leaders (formal and informal), and service providers who interfaced directly with parents/ primary caregivers with children under nine years of age through the services they offered them (formal or informal).</p> <ul style="list-style-type: none"> • Advantage of using key informants – they would be the individuals most likely to know about the special needs of the people who were going to be researched (Royse 2011:215). <p>Population 2: Parents/ primary caregivers – residents in Welbedacht East who were full-time primary caregivers of children under nine years of age at the time of the study.</p> <ul style="list-style-type: none"> • Motivation for choosing parents/ primary caregivers of children under nine years of age – The recommendation of Save the Children South Africa (2015) is that services for the protection and care of this age group should be escalated, especially for those living in informal urban settlements. The guidelines for early childhood development services in the Draft Early Childhood Development Policy for South Africa (South Africa 2015a:18) refer to this age as early childhood development, because "composite cognitive, emotional, physical, mental, communication, social and spiritual development takes place from conception until they enter

	<p>formal schooling (i.e. Grade R), or reach the stage of eight years (in the case of children with developmental delays and/or disabilities for who entry into formal schooling is delayed), whichever occurs first." This allowed the researcher to focus on one phase of family life, namely families with young children (Carter & McGoldrick 1999), so that information gathered would contribute to a contextually relevant parenting programme for families falling into this category.</p>
<p>SAMPLE</p> <p>Qualitative research favours selecting participants based on the information they will bring to the research subject and the meanings they will give, and usually only involves a small number of participants (Fossey, Harvey, McDermott & Davidson 2002:726).</p> <p>The number of participants is not predetermined at the outset, because sampling continues until research themes start recurring during interviews and no new information emerges (Fossey et al 2002:726, Liamputtong & Ezzy 2005:210, Maree 2007:79; Mason 2010:1), which is referred to as data-saturation.</p> <p>Smaller samples would enable the researcher to extract in-depth information (Babbie 2011:127; Liamputtong & Ezzy 2005:45) and were suited to the time, effort, and resources that were available for the study (Liamputtong & Ezzy 2005:49). The depth of information that would be gathered would make the analysis of data difficult to manage (Maree 2007:79), but the value of the depth of information outweighed the drawback.</p>	<p>Sample 1: Community champions – sample size: would be determined when the point of saturation was reached.</p> <p>Sample 2: Parents/ primary caregivers – sample size: would be determined when the point of saturation was reached.</p>
<p>SAMPLING STRATEGY</p> <p>Purposive sampling strategy for both samples: Non-probability sampling using the researcher's judgement about which participants would be the most useful and best informed about the research topic (Babbie 2013:557; Marlow 2011:37; Monette et al 2011:506).</p>	<p>Sampling strategies for community champions: purposive and snowball sampling</p> <p>Criteria for selection for community champion participants:</p> <ul style="list-style-type: none"> • Community leaders who were active in community structures in Welbedacht East. • Volunteers or religious leaders who served FBOs. • Educators who worked in ECD centres in Welbedacht East. • Healthcare officials who worked in clinics in Welbedacht East.

Rationale for choosing purposive sampling: The researcher wanted information rich participants who had knowledge, experience, and the ability to describe the social process and meanings of the parents/ primary caregivers in Welbedacht East; there was no intent to generalise the findings, because the goal was to develop an understanding of parenting in the locally specific setting rather than transfer findings to other groups (Monette et al 2011:149); and it was impossible to develop a sampling frame of the whole population because a large part of the population was hidden (Monette et al 2011:149).

Snowball sampling: Non-probability, interactive sample that invited participants in the research to suggest a few others of the type the researcher was interested in studying (Babbie 2013:559; Monette et al 2011:507). This is also referred to as network sampling (Swanborn 2010:46).

Advantage of using snowball sampling:

It would be difficult to access participants from the same population who were not known to the researcher (Marlow 2011:148; Monette et al 2011:152). Informal, volunteer helpers active in the community could be identified by community champion participants and introduced to the researcher as potential participants for the study.

- Social workers from governmental and non-governmental welfare organisations who provided services in Welbedacht East.
- Children's rights organisations that had contact with Welbedacht East.
- Volunteers who offered support to families in Welbedacht East.
- They would have to give their written consent to be interviewed and/or participate in the consultation workshop.
- They would have to have knowledge or experience of working or interacting with families with young children residing in Welbedacht East.

Purposive sampling: Community champions who would be identified from the Bright Site stakeholders' data list.

Snowball sampling: Community champions who would be referred by participants from the Bright Site data list.

Sampling strategy for parents/ primary caregivers: purposive sampling

With the help of community champions, it was hoped that approximately 20 parents/ primary caregivers would be identified.

Criteria for the selection of parents/ primary caregivers:

Residents of Welbedacht East who:

- were the full-time carers of children under nine years of age (at the time of the study);
- shared the contextual experiences of parenting in the same low-cost housing area; and
- had given written consent and confirmed their understanding of the meaning of voluntary consent to participate in interviews and/or consultation workshop.

Community action group: self-selected

An action group would be formed consisting of community champions who resided in Welbedacht East and were interested in the research process and wished to be involved. They would be consulted at each stage of the research process, to represent community perspectives and preferences. They would be key to identifying parent/ primary caregiver participants, reviewing interview questions, reviewing pictorial cards that would be used to ask questions, and helping to plan the consultation workshop.

<p>PREPARING PARTICIPANTS FOR THE RESEARCH AND GAINING THEIR COOPERATION</p> <p>Relational ethics: emphasis would be given to consultation with community members, achieving mutual understanding, and acknowledging and involving participants in deciding on what cultural and social diversity issues were important in the study, as well as what research technologies were best suited to these (D'Cruz & Jones 2014:99).</p>	<p>Community champions: Each of the prospective community champions would:</p> <ul style="list-style-type: none"> • be invited to participate through telephonic or face-to-face visits; • receive a letter of introduction, that would be forwarded via email or be hand-delivered and discussed face-to-face before the researcher scheduled the interview, that would explain: the purpose of the research, why he/she had been selected and what was required of participants; the types of questions that would be asked, his/her rights in the research process and how these would be protected; the risks and discomforts, and benefits of participating; the researcher's and supervisor's contact details (Addendum D); • complete a letter of informed consent acknowledging that: participation was voluntary; the research procedures and risks had been explained satisfactorily; he/she agreed to an audio recording being made of the interview/ consultation workshop; he/she retained the right to decline to participate or withdraw during the research process without penalty; permission had been granted for a transcript to be compiled for the research process on condition that his/her identity would not be revealed; and • be reminded verbally by the interviewer throughout the interview that he/she should not feel coerced to participate and had the right to withdraw from the interview or could request that the audio recording device be switched off at any stage (Block, Warr, Gibbs & Riggs 2012:72-73; Marlow 2011:155).
<p>Invitations to participate in the research, explaining the research process, ethical considerations, and meaning of informed consent (Marlow 2011:153; Royse 2011:57-62)</p> <p>Cultural competence of researcher: The research process was designed to be inclusive, participative, and respectful of diversity (D'Cruz & Jones 2014:13-14). The researcher would throughout the study:</p> <ul style="list-style-type: none"> • demonstrate an active interest in the community's cultures (Rubin & Babbie 2013:317; D'Cruz & Jones 2014:101-102; Block et al 2012:69); • equalise the power between the researcher and the community was by adopting participatory practices (D'Cruz & Jones 2014:13); and • uphold reciprocity between research team and community. 	<p>Parents/ primary caregivers: Prospective participants would:</p> <ul style="list-style-type: none"> • be personally contacted by a community champion and invited to participate; • be told about the purpose of the study and the reasons why the community champion had recommended his/her inclusion in the study; • on agreeing to participate, be asked to indicate which language he/she was comfortable being interviewed in; • be matched by the researcher and community champion with either the researcher or a research assistant who was fluent in the language of his/her choice; • be asked by the community champion to indicate what would be a suitable time and place to meet the interviewer to be briefed about the research interview and complete the letter of consent to participate;

	<ul style="list-style-type: none"> • participate in a pre-interview meeting where the interviewer would explain the letters of introduction that informed participants about: the purpose of the research, why he/she had been selected and what was required of participants; the types of questions that would be asked, his/her rights in the research process and how these would be protected; the risks and discomforts, and benefits of participating; and the researcher's and supervisor's contact details (Addendum D); • sign a letter of informed consent acknowledging that: participation was voluntary; that the research procedures and risks had been explained satisfactorily; that he/she agreed to an audio recording being made of the interview/ consultation workshop; that he/she retained the right to decline to participate or withdraw during the research process without penalty; that permission had been granted for a transcript and translation of the interview to be completed for the research process on condition that his/her identity was not revealed (Addendum E); • be reassured face-to-face that whilst there were no envisaged negative consequences expected to occur as a result of their participation, debriefing services would be available should any psycho-emotional issues occur as a result of participation in the research (Addendum F); • be reminded verbally by the interviewer throughout the interview that he/she should not feel coerced to participate and had the right to withdraw from the interview and/or would be allowed to request that the digital recording device be switched off at any stage (Block et al 2012:72-73; Marlow 2011:155).
STEP 3: Involving participants and identifying their concerns	PLANNED APPLICATION OF STEP 3 IN THIS STUDY
DATA COLLECTION Semi-structured interviews aided by an interview guide The interview was chosen because as described by Hennink et al (2011:109), it is a "meaning making partnership" and a "knowledge producing conversation" which situates the participant as an equal partner in the research process. An interview guide would be used to offer some direction in the interviews, so as to collect information related to the topic as needed for the study (Hennink et al 2011:112).	Community champion interviews See Addendum G for the biographical and topical open-ended questions that were planned to be asked in a spontaneous, flexible manner during the face-to-face interviews. Parent/ primary caregiver interviews See Addendum M for the biographical and topical open-ended questions that were planned to be asked in a spontaneous, flexible manner to suit each interview and participant in the face-to-face interviews. Digital recordings of interviews: would be made of all interviews although participants would be reminded of their right to request that the digital recorder be switched off at any stage.

<p>Advantages of semi-structured interviews, aided by an interview guide, for this research:</p> <ul style="list-style-type: none"> • The flexibility would allow the interviewer to pursue hunches and/or adapt the questions for each participant (Babbie 2013:353; Marlow 2011:164). • It is known to produce better responses from participants (Babbie 2013:258). • It contributes to an in-depth understanding as was needed by the researcher to discover information about parenting practices and the contextual variables affecting parenting (Babbie 2013:353). • It is an interactive and collaborative form of inquiry (Monette et al 2011:244). • It situates participants as experts of their subjective realities and the researcher as an interested party who would be able to learn about parents'/ primary caregivers' subjective realities of parenting in a low-cost housing area (Royse 2011:264). 	<p>Verbatim transcriptions: Verbatim transcription would be completed for each interview. Professional translators would be used to transcribe and translate isiZulu and isiXhosa interviews into English.</p> <p>Verification of translations into English The research assistants would verify the translations of each of the interviews they conducted (Addendum T). Two interviews would be translated by two different translators to check the accuracy of the translations.</p> <p>The findings of the research would be verified by participants at the consultation workshop.</p> <p>Field notes: Research interview templates were planned to serve as backups in the event of technical or human errors occurring during digital recordings (Addendum K and O). Interviewer impressions and observations would be noted on the field note templates (Creswell 2014:191; Swanborn 2010:73).</p>
<p>CONSULTATION WORKSHOP</p> <p>Advantages for this research:</p> <ul style="list-style-type: none"> • It would create two-way interaction between Welbedacht East community members, service providers (experts), and governmental officials (Rapport, Doel, Hutchings, Jones, Culley & Wright 2014:149). • It would engage parents/ primary caregivers and other community members to offer direct feedback on issues affecting parenting in Welbedacht East and would allow them to suggest interventions needed for improving the situation (Lopes Levers 2015:5-6). <p>It would provide a broad forum for transparent discussion about the findings gathered from community champion and parent/ primary caregiver interviews.</p>	<p>Consultation workshop invitees:</p> <ul style="list-style-type: none"> • Local government officials and service providers identified by the community champion action group. • Community champion and parents/ primary caregiver research participants. <p>Consultation workshop attendees:</p> <ul style="list-style-type: none"> • Three groups would be represented: service providers, community champions, and parents/ primary caregivers of Welbedacht East. • Participants would be divided into five discussion groups and each group would include representatives from each sector. <p>Aims:</p> <ul style="list-style-type: none"> • To provide an opportunity for the research participants to verify the research findings and discuss them further. • To prioritise 'good enough' parenting practices for inclusion in a locally specific parenting intervention.

	<ul style="list-style-type: none"> • To translate the feedback from participants into goals and objectives for the locally specific parenting support intervention. <p>Methods to be used:</p> <ul style="list-style-type: none"> • A PowerPoint presentation of the findings. • Small group discussions – five groups with approximately eight participants in each. • Flip chart summaries of the topics that had been recommended for each of the domains of parenting compiled from the findings with pictorial representations next to the summaries. • Open group discussion to share feedback and finalise goals and objectives of the locally specific parenting support intervention. <p>Recording:</p> <ul style="list-style-type: none"> • The ideas that were brainstormed in each of the small groups would be recorded on a flip chart by a scribe. • A representative nominated in each of the five groups would present the group's ideas to the open group and this would be digitally recorded, as well as the audience participation that followed. • Digital recordings would be transcribed. • Transcriptions and flip chart notes would be combined to develop a consolidated report of the consultation workshop for analysis.
<p>PILOT TESTING</p> <p>The method of data collection and the questions included in the interview guide should be checked for any weaknesses to avoid problems when data collection starts (Hennink et al 2011:120).</p>	<p>Pilot testing of the interview schedule for community champion and parent/ primary caregiver interview schedules</p> <p>Process followed:</p> <ul style="list-style-type: none"> • Questions would be piloted on a group of social work students who were conducting their fieldwork placements in Welbedacht East. • Questions had been reviewed by the Research and Ethics Committee and refined before ethical clearance was granted (D'Cruz & Jones 2014:25). • Two participants matching the sample criteria would be identified and interviewed in each subset to test the questions. • The four interviews would be transcribed and analysed to establish if the questions asked were valid and clearly worded. • The interview protocol used in the pilots would be evaluated (Mason 2002:46).

	<ul style="list-style-type: none"> Necessary modifications would be made to both the interview schedules and the interview protocol to improve the quality and soundness of the results (Grove, Burns & Gray 2012:703).
STEP 4: Data analysis	PLANNED APPLICATION OF STEP 4 IN THIS STUDY
<p>“Salient themes”, “recurring language”, and “patterns of beliefs” need to be extracted from the raw data to link parents’/ primary caregivers’ experiences to the contexts in which they were parenting and develop meanings from the different stories they shared (Anfara, Brown & Mangione 2002:30).</p>	<p>Coding of community champions’ and parents’/ primary caregivers’ interviews and the consultation workshop Interviews would be coded using Tesch’s eight steps in coding, as presented by Creswell (2014:198).</p> <p>Thematic analysis, as discussed by Braun and Clarke (2006), would be used to identify, confirm, and name themes.</p> <p>An independent coder would be consulted to verify the identified themes and confirm the names assigned to them. There would be two parts. Part 1 would deal with the themes identified from the community champions’ interviews and Part 2 with the themes identified from the parents’/ primary caregivers’ interviews. The independent coder would develop separate reports for each of the two parts.</p> <p>Data would be presented thematically, integrating literature, and arranged in three parts in Chapters Five, Six and Seven of this thesis.</p>
<p>Data verification: The precautionary measures that would be taken to protect and preserve the authenticity of this research were based on Lincoln and Guba’s approach, as presented by Shenton (2004) and Thomas and Magilvy (2011:152). They include efforts that were needed to defend the credibility, transferability, dependability, and confirmability of the research.</p>	<p>Credibility – throughout the research, the researcher would try to project a true and accurate picture of the research subject (the parenting practices of the Welbedacht East parents/ primary caregivers and their contextual realities). Thick descriptions would be presented when reporting the findings; recognised research procedures were chosen and would be operationalised as recommended by empirically validated sources; data would constantly be checked; multiple sources of data collection would be used; and the researcher would adopt a reflexive stance throughout the research process (Shenton 2004:63; Thomas & Magilvy 2011:152). Methodological procedures would be discussed with the supervisor, as well as with members of the PhD support group. An opportunity would be provided to participants at the consultation workshop to verify the findings.</p> <p>Transferability- a detailed account of all research steps that were taken throughout the study are included in this thesis to allow others to decide whether the findings or research procedures may be justifiably applied to similar contexts in which they work (Merriam & Tisdell 2016:256; Shenton</p>

	<p>2004:63). Comprehensive information about research participants and research methodology is provided for this purpose in Chapters Four, Five, Six, Seven and Eight.</p> <p>Dependability – a conscious effort would be made to conduct the research in a stable way, execute the research according to plan, and uphold the accuracy and authenticity of the research process and findings (Shenton 2004:72).</p> <p>A research protocol was developed that would be followed closely to regulate what information would be collected and how, as well as how it would be stored and cleaned for coding and analysis. The researcher planned to consciously evaluate how she was affecting the objectivity of the research throughout the research proceedings.</p> <p>An independent coder would be used to code the data and meetings would be arranged between the independent coder, the supervisor, and researcher to reach consensus about the list of themes and sub-themes that emerged from the data.</p> <p>Confirmability – the findings would be based on the experiences and perspectives of the research participants and multiple narrative excerpts taken from the transcriptions would be included in the thesis.</p> <p>Supervision would be used to audit each of the research steps.</p> <p>The researcher would reflect regularly on her personal perceptions, values, beliefs, and emotional responses during data collection and analysis to preserve her objectivity (Shenton 2004:72; Thomas & Magilvy 2011:154).</p> <p>An audit trail was to be developed to allow others to appraise or replicate the research process.</p>
STEP 5: Setting goals and objectives	PLANNED APPLICATION OF STEP 5 IN THIS STUDY
Using information gathered from Step 3, identifying the concerns of the population, and Step 4, analysing the concerns, the goal and task objectives of an intervention are established (Fawcett, Suarez-Balcazar, Balcazar, White, Paine, Blanchard & Embree 1994:31; Rothman & Thomas, 1994:28). In this instance it would be used to	<p>The consultation participants would be involved in determining the overarching goal of the parent/primary caregiver support intervention.</p> <p>The researcher would present a selection of potential parenting support interventions as were relevant to the findings. The potential interventions needed to be contextually and culturally relevant</p>

<p>develop a locally specific parenting support intervention for the parents/ primary caregivers of Welbedacht East. Using a broad intervention as the aim, specific tasks or elements are identified that would help to minimise constraining factors that contributed to the problem ('bad' or risky parenting) (Fawcett et al 1994:31; Gilgun & Sands 2012:351).</p>	<p>to the Welbedacht East parents/ primary caregivers and promote their ability to achieve 'good enough' parenting based on their definitions. Interventions needed to be consistent with a developmental approach as mandated by the White Paper for Social Welfare (1997) and in keeping with preventive and early intervention strategies as outlined in the White Paper on Families in South Africa (2013).</p> <p>After open discussion, the specific interventions or tasks as related to the potential intervention would be finalised. This plan would then be refined through Phases 2 and 3 of the IDD Model: information gathering and synthesis; and specifying the procedural elements of the parenting support intervention for the Welbedacht East parents/ primary caregivers parenting children under nine years of age.</p>
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This concludes the discussion of the research technologies planned for the systematic implementation of the five steps of Phase 1 of the IDD Model: gaining entry into and cooperation from the community, identifying participants, engaging them to identify the parenting concerns of parents/ primary caregivers living in Welbedacht East, analysing their identified concerns, and setting goals and objectives for the parenting intervention. The plans for the remaining five phases will be briefly shared in the next section.

1.10.2 Phase 2: Information Gathering and Synthesis

The descriptive phrase used by Fawcett et al (1994:31) to refer to this phase is “not reinventing the wheel”. The researcher had to discover what others had achieved in terms of developing contextually and culturally relevant parenting programmes for parents/ primary caregivers living in low socioeconomic communities. This would conserve time and energy. Three steps are advocated in the literature for achieving positive outcomes in Phase 2 (Bailey-Dempsey & Reid 1996:212; Fawcett et al 1994:28; Gilgun & Sands 2012:351). Consulting existing information sources, studying natural examples, and identifying functional elements of interventions with reported success are helpful in this phase.

1.10.2.1 Step 1: using existing information sources

After completing the interviews with community champions and parents/ primary caregivers, a literature search based on the findings that emerged from the analysis of data was planned. Computerised databases are indicated as useful for sourcing such information (Fawcett et al 1994:32) and that is where the researcher elected to begin. The information had to explain what was responsible for the problem and what specific intervention strategies would be effective in resolving it (Bailey-Dempsey & Reid 1996:212). Factors that appeared to be responsible will be presented in the chapters that deal with the reviewed literature, namely Chapters Two and Three, and the information for the specific intervention strategies that were emergent will be presented in Chapter Eight.

1.10.2.2 Step 2: studying natural examples

Successful natural examples had to be found. Some information as gathered from the interviews could be used, but Fawcett et al (1994:32-33) encourage going beyond that to find others who have knowledge about the problem. They suggest, amongst others, service providers who are involved with programmes and practices and have insight into what methods and circumstantial elements impact on the success of the interventions. Using “word of mouth” within her professional circle, the researcher planned to locate local parenting programmes that would direct her to other successful parenting interventions in other provinces of South Africa for investigation. An internet search was once again considered to

be useful. Once existing programmes or interventions had been located, the researcher would collect information about them through face-to-face interviews that would be digitally recorded and transcribed for closer examination. The findings would alert her to methods and circumstantial evidence relevant to the development of the locally specific intervention. Attention would be paid to programmes and practices that had serviced parents of low socioeconomic status (SES) and culturally diverse groups, meeting their needs. The questions that would be asked are summarised in the table below.

Table 1.4: The questions developed to review the existing parenting programmes

Who developed the programme and why?
What theory (or theories) was the intervention based on?
What were the main parenting themes that the programme addressed?
What format was used for the programme? <ul style="list-style-type: none"> • Number of sessions. • Duration of each session. • Who was the presenter of the programme? • What was expected of parents in the sessions?
What were the positive elements of the programme?
Were any barriers encountered that impacted on the parents'/ primary caregivers' ability to participate fully in the programme?
To what extent did the programme address cultural and contextual factors?

The specific interest was to establish if parenting programmes had adopted social inclusion principles and facilitated parents'/ primary caregivers' access to the resources they desired to improve their parenting as elected by parents/ primary caregivers in this study.

Having gathered this data, attention would be directed towards developing a design for the parenting intervention, as will be discussed under Phase 3.

1.10.3 Phase 3: Developing a Design for a Proposed Parenting Programme

Developing a design for a social intervention is considered by Bailey-Dempsey and Reid (1996:213) to be both a science and an art. The feedback from the participants of the consultation workshop would help to inform this phase. It was hoped that they would indicate the elements of the locally specific intervention they needed. The locally specific perspectives and information from the literature review would be combined with the researcher's practice wisdom to create a broad plan of an intervention (Bailey-Dempsey and Reid 1996:213). It was hoped that a broad outline for a design would emerge to specify the following: interventions or issues that needed to be prioritised; the format for the intervention; the presenters of the intervention; and specific parenting topics for inclusion. The process of doing this is referred to as specifying the procedural elements of the intervention (Fawcett et al 1994:35). The

elements or steps need to be sufficiently detailed to be able to be replicated by others (Fawcett et al 1994:35). As mentioned by Bailey-Dempsey and Reid (1996:214), it is good practice to involve the potential users of the intervention in the creation of the initial design. One benefits from their expertise, it increases their investment in the intervention, and it accommodates their needs. One should start developing an observational system to monitor and evaluate the piloting of the intervention in Phase 4 (Fawcett et al 1994:34), but this was not possible and would be postponed for the next phase.

1.10.4 Phase 4: Developing a Prototype of The Preliminary Intervention

Pilot testing refers to the implementation of a trial run of the crude embryonic design (Fawcett et al 1994:36; Thomas & Rothman 1994:14). It requires three steps: developing the preliminary intervention, conducting the pilot test, and applying design criteria to the preliminary intervention concept (Fawcett et al 1994:36). After consulting with users and implementers of the intervention, the intervention is prepared, the pilot test is implemented “to see if the beast will fly”, and the observational system is implemented to determine how effective the intervention is and what elements need to be revised for its advanced development and evaluation (Fawcett et al 1994:36). As mentioned by Bailey-Dempsey and Reid (1996:214), the focus in this phase is on collecting information that will assist to improve the intervention. They note too that this is intended to be a flexible process to allow for procedures to be adapted as needed. The researcher’s intention was not to implement this phase before the submission of her thesis.

1.10.5 Phase 5: Evaluation and Advanced Development

Only when the other phases have been successfully completed may the researcher commence with this phase (Bailey-Dempsey & Reid 1996:218). Sufficient evidence should be available to suggest that the intervention will be able to withstand rigorous appraisal using experimental research methods to test its efficacy (Thomas & Rothman 1994:14). Typically, experimental designs include either group testing or single system designs (Bailey-Dempsey & Reid 1996:218). It was not the researcher’s intention to implement this phase before submission of the thesis, because of the time and practical constraints of the doctoral study. As noted by Abell and Wolf (2003:6), the IDD cannot be accommodated entirely in one doctoral project.

1.10.6 Phase 6: Dissemination of the Programme

The developers of the IDD, Thomas and Rothman (1994:14), suggest that this phase should go beyond disseminating the findings to include making sure that the intervention is user-ready; that it is widely available to potential users; and that it is well-marketed to create a

demand for the intervention. The dissemination of the locally specific intervention would not meet these expectations, because only the findings would be presented, on a limited scale, consistent with the expectations of a doctoral qualification.

The findings of this thesis were intended to be disseminated after its examination, through the university library, submissions of different sections of the findings to accredited academic journals, presentations at conferences and workshops, public meetings, and in-service training sessions at service organisations. The caution that this should be done with restraint, after considering the ethical and practical implications of prematurely sharing the intervention, was noted (Bailey-Dempsey & Reid 1996:225).

Throughout this chapter, mention was made of choosing research methods that integrated principles of data verification and ethical considerations. These principles warrant further acknowledgement and a summary and explanation of how each of the principles were interpreted in this study will be presented next.

1.11 DATA VERIFICATION

The precautionary measures taken to protect and preserve the authenticity of this research were based on Lincoln and Guba's approach to data verification, as discussed by Klopper (2008), Shenton (2004), and Thomas and Magilvy (2011:152). These efforts were made to defend the credibility, transferability, dependability, and confirmability of the study.

1.11.1 Credibility

Credibility refers to the trustworthiness and plausibility of the research findings (Tracy 2010:842) and is measured by the researcher's ability to show that a true picture of the phenomenon is presented (Thomas & Magilvy 2011:152-153; Shenton 2004:63). According to Thomas and Magilvy (2011:152-153), research is credible when those researched confer that the descriptions and interpretations of the findings presented are theirs and that they are accurate. Different measures for increasing the trustworthiness of a study are promoted by different authors, but most are consistent with the perspectives of Lincoln and Guba's (1985:300-316) perspectives. Tracy (2010:842-844) emphasises thick descriptions, crystallisation and triangulation, multivocality, and member reflections. Shenton (2004:64-69) produces many more suggestions which include adopting sound research measures, familiarising oneself with the culture of participants before the first dialogue takes place, triangulation, applying tactics to ensure that participants remain honest, iterative questioning, negative case analysis, debriefing sessions, the background experience and qualifications of

the researcher, member checks on the spot or at the end of data collection dialogues, presenting a thick description of the phenomenon being investigated, and relating findings to an existing body of knowledge. The researcher chose to stay close to Lincoln and Guba's (1985:300-316) work, using their recommendations to uphold the credibility of her research. The diagram below consolidates the elements that were given serious consideration. The researcher's personal plan is listed briefly thereafter.

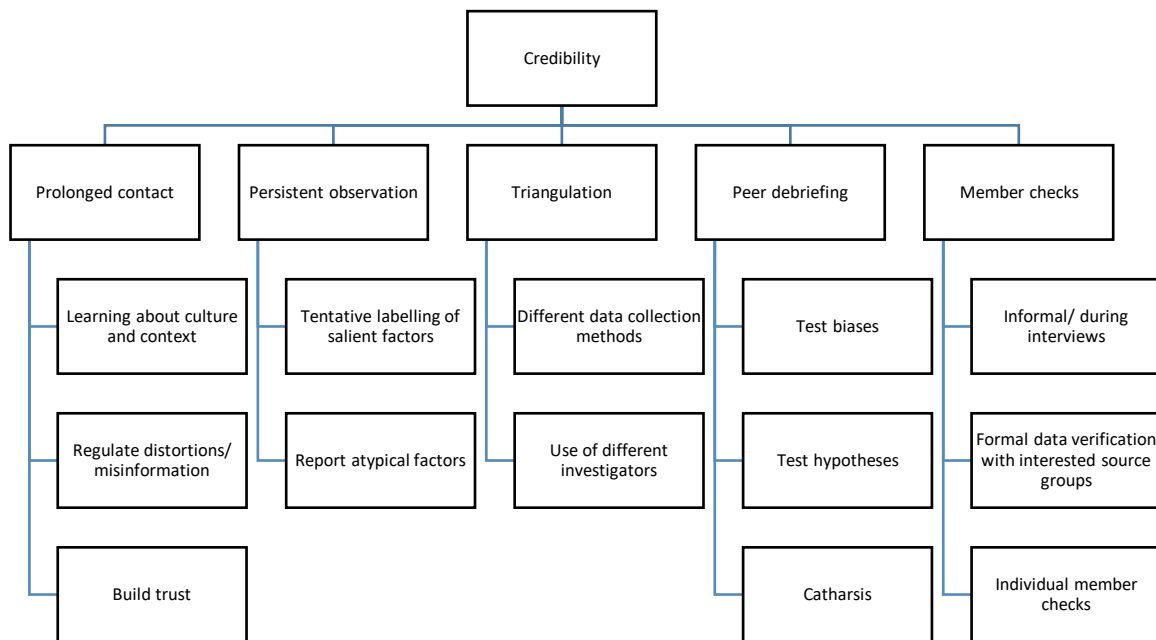


Figure 1.3: Diagram of activities for enhancing the trustworthiness of research findings based on Lincoln and Guba's (1985) suggestions

1.11.1.1 Prolonged contact

The research process was anticipated to be a protracted one involving a lengthy engagement with the community. It would commence before the research process started and extend beyond the submission of this thesis. Several phases of the IDD would only be implemented after this submission. Prolonged contact would allow the researcher to increase her knowledge of the community to gather in-depth examples of their culturally situated meanings (Creswell 2014:202; Tracy 2010:843) and increase their trust. The researcher did not want to be considered an outsider (Lincoln & Guba 1985:302). However, she realised that the more immersed she became in the community, the greater the likelihood that her professional judgements could be influenced (Lincoln & Guba 1985:304; Shenton 2004:65) and so therefore she would have to monitor her engagement carefully.

Three positive actions intended to enhance the credibility of research that are linked to having prolonged contact with the community are that the researcher finds out more about the culture and context of research participants; learns to detect, regulate or avoid distortions or misinformation from participants during the fieldwork; and establishes the trust of the community.

Learning about the culture and context of parenting – The researcher planned to make contact with gatekeepers, service providers and parents/ primary caregivers before the interviews commenced, as suggested by Shenton (2004:65). She had to consult appropriate documents and previous research undertaken in the community and visit organisations and gatekeepers. Over time, these interactions would expose her to tacit knowledge, as mentioned by Tracy (2010:843). Using local research assistants and engaging the support of a few community champions would further expose her to some of the more inferred cultural variables that impacted on parenting practices.

Regulating distortions and misinformation – A careful selection of research methods were intended to ensure that participants would share their perspectives without feeling embarrassed and would not prompt them to want to distort the truth to preserve their dignity. Interview techniques such as probing and clarifying would allow their accurate meanings to be captured (Shenton 2004:67).

Building trust – The researcher's plan to build and uphold the trust of those associated with the research process will be addressed in the ethical considerations section to minimise repetition.

1.11.1.2 *Persistent observation*

As stressed by Lincoln and Guba (1985:304), the researcher has to identify the contextual factors that are most relevant to the problem and focus on them in detail. The researcher hoped that this would be achieved by her being able to present a descriptive account of the setting and participants through capturing detail, so that she would be able to share their multiple perspectives of the emergent themes (Creswell 2014:202). As described by Creswell (2014:202), this depth of information would transport readers to the context and offer them a shared experience of the parents/ primary caregivers. Continuing to conduct interviews until the point that data saturation had been achieved would strengthen the credibility of the research. A sufficient number of cases would be included in the study to alert the researcher to any atypical cases or happenings, which she would then include in her thesis.

1.11.1.3 Triangulation

Triangulation, as explained by Creswell (2014:201), suggests that themes of a study are developed by examining evidence from different sources of data and different perspectives of participants. More specifically, triangulation is achieved by using different data collection modes, sources of information, and even different investigators (Lincoln & Guba 1985:305). It rests on the notion that if two or more sources of information reach the same conclusion, then the credibility of that conclusion increases (Tracy 2010:843). However, Tracy (2010:843) points out that triangulation does not necessarily result in improved consistency of findings, but it does increase scope, deepens understanding, and achieves a more consistent interpretation. She refers to the gathering of multiple types of data and using different measures, as well as multiple researchers to achieve an in-depth, but partial understanding of an issue, and names this crystallisation (Tracy 2010:844).

The following plans were developed to achieve this:

- Two different samples would be included in the research plan – community champions and parents/ primary caregivers.
- Interviews would continue, extending the sample size until data saturation was achieved.
- The theoretical framework developed would expand the understanding of parenting practices.
- Two different data collection modes would be applied – face-to-face interviews with community champions and parents/ primary caregivers, and a consultation workshop.
- Research assistants would conduct interviews in ethnic languages.
- An independent coder would be employed for the analysis phase.

1.11.1.4 Peer debriefing

A risk of qualitative research is that as the primary research instrument, the researcher may become too subjective in the study (Shenton 2004:68). Peer debriefing counteracts this, because it exposes the researcher to another person who extends the exploration of aspects of the study that the researcher may overlook. This achieves three things: the “other” poses as “devil’s advocate” and questions the researcher, uncovering biases and overlooked meanings; makes the researcher test his/her hypotheses or assumptions logically; and creates space for catharsis (Lincoln & Guba 1985:308). The advantages according to Shenton (2004:67) are that the researcher is alerted to places where the research methods need to be refined and where more detail is needed in the research design and strengthens his/her

arguments based on the comments received. There would be several “others” during this research, namely the researcher’s supervisor and her cohorts from the PhD support group.

1.11.1.5 Member checks

The accuracy of data, analytic categories, interpretations, and the conclusion should be tested with the different groups from whom the data were originally collected (Lincoln & Guba 1985:314). It is useful to double-check the intentionality of the participant; be alerted to erroneous facts and errors in interpretation; create another opportunity for participants to add extra information; place on record that the correctness of participants’ perspectives was verified; produce the first summary, which is the first step of data analysis; and assess the overall adequacy of the data collected. This would be achieved through the following endeavours:

- During interviews the researcher planned to make use of probes, clarifying questions, summarising, and paraphrasing to clarify that each participant had been understood as they had intended to be (Daymon & Holloway 2011:89). These are referred to as “on the spot” checks by Shenton (2004:69).
- She planned to conduct two member checks with each sample, which would be accomplished by arranging individual meetings to go over their transcriptions with them face-to-face.
- Interested participants from both samples were invited to the consultation workshop, where they could give their comments and she could gauge the meaningfulness and accuracy of her interpretations (Shenton 2004:69).

1.11.2 Transferability

Transferability, as mentioned by Klopner (2008:69), refers to the extent to which the findings can be applied to different contexts and groups. It is noted by Lincoln and Guba (1985:316) that the only way this can be done is to provide the widest possible range of information about the study to offer a thick description so that other researchers who may wish to use the findings or replicate the study in their own contexts are convinced that it is likely to be relevant.

In keeping with this recommendation, a detailed account of all research steps taken throughout the study is presented in this thesis to allow others to decide whether the findings or research procedures may be justifiably relevant in similar contexts (the ones in which they work) (Klopner 2008:70; Merriam & Tisdell 2016:256; Shenton 2004:63). Detail is provided in this thesis about the research participants, research methods, and the research setting. The reader is referred to Chapter Four, Five and Six for the specificity of this information.

1.11.3 Dependability

Proving the dependability/consistency of qualitative research is challenging because of its non-exact nature (Lincoln & Guba 1985:317). To overcome this hurdle, it is recommended that the consistency of the research be achieved by bringing in an external auditor who is not familiar with the researcher or study, to authenticate the process and examine the product: the data, findings, interpretations, and recommendations (Creswell 2014:202-203; Lincoln & Guba 1985:317). The external auditor attests whether the findings are supported by the data and are inherently coherent (Creswell 2014:203; Lincoln & Guba 1985:318). This was not feasible given the purpose of the study, the resources available, and since it is linked to the researcher's doctoral studies.

Given these limitations the researcher decided to do the following:

- Provide rich and detailed research descriptions. This chapter, Chapter One, offers a comprehensive explanation of the whole research plan before the research commenced, and Chapter Four explains the execution of the plan and adaptations that had to be made to different aspects of the research design in response to the increased understanding of the research setting and emergent contextual realities (Marshall & Rossman 2016:262).
- Engage an independent coder to analyse the collected data, the results of which would be consulted. On completion of the process, the independent coder, supervisor, and researcher would consult to finalise the themes and sub-themes that were identified.

1.11.4 Confirmability

The confirmability of a study relies on the researcher being able to link the data to the data sources so that readers are confident that the conclusions and interpretations have come directly from the experiences and ideas of the informants, rather than the preferences and perceptions of the researcher (Daymon & Holloway 2011:86; Shenton 2004:72).

As suggested by Lincoln and Guba (1985:318-327), there are three main ways to achieve this: a confirmability audit, triangulation, and the researcher maintaining a reflexive journal.

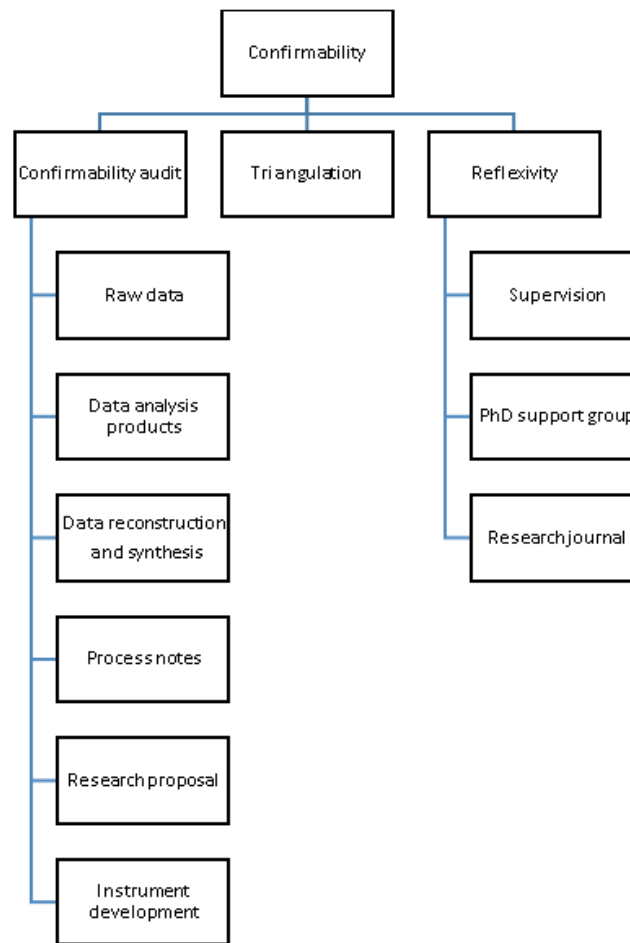


Figure 1.4: Diagram of recommended procedures to increase confirmability in a study

It was explained earlier that a confirmability audit was not possible. However, it was planned that all research documents would be stored in a research archive for five years as prescribed by the South African Council for Social Service Professions ([sa]).

The stored documents would be filed in different categories to create an audit trail, as adapted from Lincoln and Guba's (1985:319) publication. They included:

- **All raw data:** digital recordings of interviews and the consultation workshop, written field notes, signed letters of consent, confidentiality forms, the attendance register of the consultation workshop, flip chart notes made at the consultation workshop, signed agreements to participate in the research, and all written correspondence with participants.
- **Data analysis products:** summaries, tables of themes, and coder's reports.
- **Data reconstruction:** structures used to develop the analysis, and the researcher and independent coder's respective coding reports.

- **Process notes:** notes taken during supervision or in the field capturing methodological feedback and observations about personal responses to the research process.
- **Preliminary documents:** documents related to the initial concept paper, research proposal, and application for research funding. Forms capturing the personal details, banking details, confidentiality agreements, data verification confirmations, payments of research assistants and translators, and written correspondence with stakeholders, research assistants, and translators.
- **Forms (instrument development):** copies of all forms developed for the study, presented as Addenda to this thesis.

Triangulation has been discussed in Section 1.11.1.3 and will not be repeated here.

Reflexivity is encouraged to make sure that the researcher remains neutral and objective (Daymon & Holloway 2011:86; Shenton 2004:72). As mentioned by Shenton (2004:72), this requires the researcher to remain explicit about his/her beliefs and assumptions, the shortcomings of the study, and how he/she personally affected it, as well as his/her willingness to allow others to scrutinise the study (Shenton 2004:72). Reflexivity and how this was conducted is discussed in much more detail in the next section under ethical considerations to avoid repetition.

This concludes the presentation of the proposed steps and strategies that were planned to enhance the rigour of the study. The topics that remain to be discussed are the ethical considerations relevant to a study and details of the researcher's plans regarding how she set out to achieve them. This is covered in the next section.

1.12 ETHICAL CONSIDERATIONS

The commitment to maintain ethical standards throughout the research process is an important responsibility of the researcher. It serves to protect the researcher, research participants, and other parties linked to the study, such as the professional body, university, and employer. The researcher's plans to achieve this were largely influenced by the ethical guidelines as stipulated by the Social Service Professions Act 110 of 1978 (South Africa 1978) and the Department of Health (2015) that influenced the section related to research ethics included in the South African Council of Social Service Professions' code of conduct. The guidelines are related to the five principles proposed by the American Psychological Association, as discussed by Sales and Folkman (2000): respect for persons and their

autonomy; beneficence and non-maleficence; justice; trust; and fidelity and scientific integrity. They are universal ethical protocols intended for research designs that are predetermined, and not necessarily suited to emergent type designs (D'Cruz & Jones 2014:96-97). More recent publications extend ethical discussions to include: situational and cultural ethics (Liamputtong & Ezzy 2005:204; Tracy 2010:840) to address ethical procedures for dealing with indigenous communities; relational ethics, referring to the ethics of collaborative research (D'Cruz & Jones 2014:99; Tracy 2010:847); and exiting ethics, referring to the ethical conduct expected of researchers when the research has been completed (D'Cruz & Jones 2014:103; Tracy 2010:847).

1.12.1 Respect for Persons and Their Autonomy

It is expected that people's free will to participate in research should always be respected (Babbie 2013:20). To demonstrate this respect, the researcher should provide participants with adequate information about the purpose of the research, what will be expected of them, what the embedded risks of participation could be, information about the researcher, and the source of the research funding (Creswell 2014:90). Participation in research should always be openly negotiated (Tracy 2010:847) so that those approached do not feel pressured into participation (Babbie & Mouton 2001:521). They need to calculate the risks and benefits of their participation (Hennink et al 2011:67). When conducting research on vulnerable groups, especially those of low social status, or people who are illiterate or unfamiliar with social research, one needs to spend more time explaining these factors to them (Babbie & Mouton 2001:523).

As argued by Tracey (2010:847), respect for persons and their autonomy extends beyond obtaining the participants' informed consent to participate in the research process. She emphasises that it is important to honour their worth and dignity throughout the research process. Elaborating on this, she mentions the relevance of developing relationships with the research participants and the communities in which they work and live, demonstrating respect and a genuine interest, and using opportunities to connect with them (Tracey 2010:847).

Respect and courtesy were intended for all the researcher's interactions with community members and stakeholders associated with the study (Royse 2011:53). The goal was for participants to experience sincere positive regard for their welfare, rights, beliefs, perceptions, customs, and cultural heritage throughout (D'Cruz & Jones 2014:97).

Being cognisant of these ethical issues, the researcher envisaged that she would issue letters about the study to participants before the interviews commenced (Addendum D and L). The

letters of participation would be explained to them before their interviews. Agreement to participate would be formalised by the signing of the letters of informed consent (Addendum E). Each participant's right to ask questions about the research and/or to withdraw from the study at any stage would be reinforced several times before and during the commencement of the actual research interview. Whilst relational ethics is of relevance to the principle of respect, the researcher intends to elaborate on this at the end of the discussion on procedural ethics.

What follows in the next sub-section is the explanation of the integration of steps planned to achieve beneficence and non-maleficence in the research process.

1.12.2 Beneficence and Non-Maleficence

In this section it shall be seen that the researcher has an obligation to see that the research does "good" rather than "harm". Therefore, any foreseeable psychological, emotional, or reputational harm that may be caused by the research should be pre-empted (Babbie 2011:479; Daymon & Holloway 2011:65-66). As stated by Rosnouw and Rosenthal (2005:64), "the risks of participation should be not greater than typically experienced in everyday life". Usually institutional boards, such as the UNISA Research and Ethics Committee, are tasked to review the proposed research to ensure that the rights of potential participants and others will be protected, and an ethical clearance letter is only issued once they are satisfied that the research will cause no harm (Babbie & Mouton 2001:523). It is the researcher's responsibility to see to it that if participants are upset by their participation, they will be guaranteed referral to supportive services or debriefing (Daymon & Holloway 2011:72). To further protect participants, research methods need to be carefully chosen. For example, questions must be worded or timed to be asked in such a way that stressful or upsetting reactions will be obviated as far as possible. It is particularly important to choose research methods that are culturally relevant and of a "decolonizing" nature when researching indigenous people (D'Cruz & Jones 2014:54). Finally, when the stories are presented, as shared by participants in their interviews, they should be presented fairly and sensitively to cause them no harm (Babbie 2013:35).

Ethical clearance was granted by the UNISA Research and Ethics Committee in January 2016, which then allowed the researcher to proceed with this study (Addendum A). Her intention to do no harm to the research participants would be evident in the plans that were to be developed. She would ensure that support would be available for participants who required it because of their participation in the study. All participants would be informed about this at the outset of each interview. Participants requiring debriefing after interviews would be referred to a social worker at a child welfare agency (Addendum F). She would test the research

questions and interview protocol through piloting to make sure that the research methods enabled the participants to feel comfortable. It is noted that much harm can come from researchers withdrawing from communities when the research is concluded and so the researcher accepted that she would extend her contact with the community beyond the submission of the thesis and implement the parenting support intervention. This extended contact would enable her to identify if the research had generated any problems so that she could help to correct them (Babbie 2011:46; Tracy 2010:847). Finally, when presenting the findings, she would do this with sensitivity and tact so as not to shame, blame, or incriminate participants (Babbie 2013:35).

What follows next is the researcher's plans to uphold justice in the research process.

1.12.3 Justice

Research should be fair and just. Participation in research should not favour any particular group over another, and the benefits of participation should be fairly distributed (Creswell 2014:90; D'Cruz & Jones 2014:97). Creswell (2014:98) adds that the both researcher and the participants should experience the value of the research. The researcher, therefore, had the duty to make sure that the benefits of participation would be experienced by the participants. As suggested by Creswell (2014:98), the reward could even be as small as sharing the final research report with them. Their first exposure to the findings would be at the consultation workshop. It was further hoped that the parenting support intervention would be a tangible outcome for the community and they would have the benefit of any manuals that were developed for the locally specific parenting support intervention.

As noted by Payne, Adams and Dominelli (2002:1), social work seeks the growth and empowerment of the people it serves, the social advancement of communities, and social justice and equality. These principles are equally important in social work research. The demonstration of the researcher's internalisation of these principles would need to be evident in the following ways:

- She would involve research participants collaboratively to increase the benefits for them and their engagement would enhance the research process (D'Cruz & Jones 2014:55).
- She would try to equalise power between herself and the research participants (Creswell 2014:98; D'Cruz & Jones 2014:102).
- She would highlight the socio-cultural and political factors that compromised the participants' daily functioning in her thesis (D'Cruz & Jones 2014:102; Liamputtong & Ezzy 2005:132) and raise the identified issues with relevant local government, school and

social work officials (Babbie 2013:53; D'Cruz & Jones 2014:101; Liamputtong & Ezzy 2005:143).

Next, it shall be noted that upholding trust is another important ethical principle that was given consideration at the outset of this study.

1.12.4 Trust

The fourth principle, trust, refers to the ability of the researcher to form relationships of trust with participants. Research participants should be told what they are getting into (through informed consent, which has already been discussed) and the researcher should refrain from doing anything to jeopardise their trust (Rosnow & Rosenthal 2005:67-68). Ultimately, the privacy and confidentiality of participants should be safeguarded (Creswell 2014:99; Tracy 2010:847). The obvious ways of doing this according to Tracy (2010:847) are to secure all personal data of participants and conflate data creatively in the report to protect them from any deductive disclosure.

To this end, the researcher planned to implement specific research procedures. Participants would be assured of confidentiality, as detailed in the informed consent letters and at the outset of their interviews (Addendum E). They could decline the use of the digital recording device during their interview, or request to have it switched off for parts of the interview. To protect their privacy further, protocols would be developed for handling all raw data. All samples would be coded as the participants were selected and the assigned code numbers would label all raw data belonging to them so that their names and biographical data cannot be linked to their interviews. The codes would be used on all the interview recording templates, digital recordings, and transcriptions. A master identification file would be created, linking numbers to names for later reference in the event of having to locate or correct missing data or contradictory information (Babbie & Mouton 2001:523). When cleaning the transcriptions, pseudonyms would be allocated to each (Creswell 2014:99). The links to certain sites and specific identifying characteristics of participants would be removed from the transcriptions. The findings, when written up, would be conflated. Pseudonyms would be used in the thesis. All information and research notes would be stored in a lock-up facility in the researcher's office on her premises until the time lapsed to destroy them. Digital recordings would be stored on a password protected website. A confidential research protocol would be implemented for interviewers, translators, and independent coders and they would be requested to sign confidentiality agreements (Addendum S). Participants would be informed that the researcher was a member of the South African Council for Social Service Professions (SACSSP) and subscribes to this professional body's code of ethics.

The four sub-sections discussed have addressed the ethical principles relevant to safeguarding the participants of the study. The next sub-section addresses the plans that were given consideration to protect the consumers of the study, namely UNISA and the social work profession.

1.12.5 Fidelity and scientific integrity

Fidelity and scientific integrity require a rich combination of theoretical constructs, data sources, contexts, and samples (Tracy 2010:841). When applied with due diligence over a long enough period, with care and thoroughness, scientific integrity is demonstrated (Tracy 2010:841). As proposed by Babbie (2013:286), researchers need to provide detail about their research design and how it was executed in order to convince consumers of its rigour. The research activities should be verified and their relevance to the research aims made explicit (D'Cruz & Jones 2014:98; Tracy 2010:841). The researcher must convince the consumers that the research has been conducted with accuracy (Daymon & Holloway 2011:72-73). The nature of the research must be consistent with the researcher's experience and competence (D'Cruz & Jones 2014:98). The potential biases of the researcher should be pointed out at the outset and methods to curtail them explained to convince the consumer that they had been kept to a minimum. Only authentic sources should be consulted and then properly acknowledged (Babbie 2013:286; Creswell 2014:100; D'Cruz & Jones 2014:64). The researcher must be transparent about any problems encountered and how they were addressed (Babbie & Mouton 2001:526; Tracy 2010:841).

In keeping with these prescriptions for scientific integrity, the researcher has detailed all research procedures as followed in this thesis with as much accuracy as humanly possible. The planned procedures to verify data were discussed in the previous section to demonstrate the researcher's commitment to enhancing the fidelity of the research. Supervision, peer review, reference to peer reviewed publications, digital recordings and verbatim transcriptions, and an audit trail have all been detailed. Reflexivity is an important tool for enhancing the integrity of the research and will be discussed separately in the next section.

This sub-section set out to inform the reader of the intentions of the researcher to uphold the scientific integrity of her work. However, as this research was motivated by the researcher's intention to conduct research in a culturally sensitive manner, the situational and cultural ethics, as planned, will be highlighted in the next sub-section.

1.12.6 Situational and Cultural Ethics

The contextual background given of Welbedacht East at the start of the chapter indicated that the parents/ primary caregivers of Welbedacht East are a group that has been marginalised. Typical of marginalised people, they lacked opportunities to voice their concerns, they feared being judged because of the stigma attached to their social circumstances and based on their past experiences with researchers and people in authority, it was anticipated that they would be cynical about participating in the research (Liamputtong & Ezzy 2005:204). The researcher would therefore have to introduce measures at the outset that would reduce the power inequality between herself and the participants. And, as noted by Tracy (2010:847), that would mean that she would have to critique and question her research decisions throughout the study.

She would approach the participants with interest to learn from and with them, and make sure that their interests and values would be authentically represented in the emergent parenting support intervention (Naidu & Sliep 2011:435). To this end she would consult publications about the community, gather newspaper clippings, and source other studies that had researched the community and continue to do this throughout the research process (Block et al 2012:69; D'Cruz & Jones 2014:101-102; Rubin & Babbie 2013:317). She would have to engage informally with community members and, as suggested by Naidu and Sliep (2011:435), this could be achieved by being prepared to do practical things such as offer lifts after meetings or interviews. Such informal contacts would expand the researcher's understanding of the social facts of living in their neighbourhood (Naidu & Sliep 2011:435). Research methods, such as interview questions and informed consent, would need to be carefully considered once interviews started to test if they were commensurate with the language and cognitive skills of the participants.

Naidu and Sliep (2011:435) and Liamputtong and Ezzy (2005:216) point out that reciprocity (the principle of justice as discussed in Table 4.6) needs to be given greater emphasis when conducting research with marginalised groups. They note that participants typically expect something in return for the information they share. This could be in the form of providing educational materials, making referrals to health and social services, providing emotional support, or offering refreshments at meetings. The researcher had to position herself to expect these practical requests and demands.

This sub-section reviewed the considerations that were given to the situational and cultural ethics of the research process. It alluded to the need for a more participatory approach to

research which has been proposed as an ethical principle for studies such as this one (Tracy 2010:847). This will be presented in the next sub-section.

1.12.7 Relational Ethics

Relational ethics are explained by Tracy (2010:847) as a mindfulness of how one's character and actions impact others. Respect was mentioned as one of the primary principles in the ethics table (Table 4.6), but in this context, it refers to creating opportunities for participants to define the rules of the research, because they have implicit knowledge of how things function in their world (Tracy 2010). It is intended to dismiss the practice of dominant groups imposing their cultures, languages, and values on communities of difference (D'Cruz & Jones 2014:52). Citing several authors, D'Cruz and Jones (2014:53) argue that it is deeply connected to power, rests on mutuality and reciprocity, and prizes community consent above individual consent.

Therefore, adherence to relational ethics on the researcher's part would necessitate engaging in consultation and decision-making with gatekeepers (community champions). To this end, a community action group would be formed to represent the interests of the parents/ primary caregivers in the community, suggest ways of motivating parents/ primary caregivers to participate, and inform the researcher of the relevance of the research methods and design for this locally specific group.

The relational ethics as discussed in this sub-section would only be attained by the researcher engaging consciously in a reflexive process. It is therefore given attention in the next sub-section.

1.12.8 Reflexivity

The researcher's personal background, social experiences, and professional and political beliefs unwittingly impact upon the researcher's role in research (Berger 2015:219; Creswell 2014:186). The researcher is the primary instrument in research and complete objectivity is not humanly possible (Chan, Fung & Chien 2013:3). Reflexivity is described as "the key thinking activity that helps us to identify the potential influences throughout the research process" (Chan et al 2013:3). Normally reflexivity is discussed as a means of upholding the authenticity of findings and is mostly presented in the section on data verification. Reflexivity promotes the researcher's awareness of his/her personal biases and prevents them from affecting the accuracy or credibility of the research findings (Berger 2015:221; Guillemin & Gillam 2004:275). However, it was allocated a broader purpose in this study, which is highlighted in the ethical considerations as will be explained in the paragraph that follows.

Reflexivity has been purposefully included under ethical considerations because, as noted by several sources (D'Cruz & Jones 2014:80; Guillemin & Gillam 2004:275; Naidu & Sliep 2011:434), it has as much to do with ethics as it has to do with upholding the credibility of the research. The researcher had to be mindful throughout this study of her humanness that could influence her interpretations and research decisions and would attempt to bring these to the fore adopting a reflexive stance and practices throughout the research process.

It is important for the researcher to state her positionality within this study. She is a White, middle-class, educated woman in her late adulthood, who was subjected to rigid screening when she and her husband applied to adopt two children at the end of the apartheid regime. Her "Western-developed social work" (Bar-On 2003:27) had questionable relevance for making sense of how "power, privilege, status and resources" impacted on "contemporary South Africa" (Sewpaul 2005:310). Before embarking on this research study, she had to prepare herself mentally as a reflexivity strategy (Chan et al 2013:4). She contemplated the following questions: "Would I really be humble enough to learn from others in this context?" and "Would I be able to remain consciously ignorant to allow myself to learn from the experiences of this group who are so different from my privileged ones?"

She had been professionally involved with the community through UNISA's Bright Site project since 2012 and even though the project had ended, she had maintained a few professional relationships within the community. Her role as researcher/practitioner through the piloting of the parenting support intervention would further compound her position as researcher. She needed to ask whether this involvement with the community would compromise her neutrality as a researcher. As a social worker, her professional responsibility dictated that she should always affirm and advocate for the rights of others, as asserted by Ife (2012:242).

Reflexivity would enable her to prevent these personal, political, and professional aspects from impacting her study (Naidu & Sliep 2011:434). She would therefore ask herself several reflexive questions throughout the research process, as framed by D'Cruz and Jones (2014:80), such as:

- "Whose research is this?"
- "Who owns it?"
- "To whom am I, the researcher, accountable?"
- "What processes are in place to support the research, the participants and myself?"
- "Am I sufficiently prepared to give adequate attention to cultural and power differences?"
- "How will the research contribute to social justice and human rights?"

This practice would move from the early stages of research design, from the point of gaining entry into the community, to building trust, data collection, analysis and presentation (Tracy 2010:842). She would examine the way in which she influenced the research scene, observe others' reactions to her, and question her preferences and weaknesses (Tracy 2010:842). The evidence of her self-examination would be noted on the interview report template and entered in her research journal. She would be able to revert to this when conducting the analysis of data. The supervisor and her PhD support group would provide a space for her to process those reflections, because she could not do that on her own. She would further rely on her supervisor and peer support group to alert her to the biases they identified in her thinking, acting, or interpreting.

Before concluding this section on data verification and ethical considerations, the researcher would like to summarise the ethical intent of this research. The aim to empower the community through the application of participatory and social inclusion principles was implicit. The nature and extent of the rights of parents/ primary caregivers that had been overlooked or compromised would be highlighted, their perspectives of what was needed to improve parenting practices would be articulated, and the research process would be used to provide a voice to their concerns to empower them to start advocating for themselves. These are human rights research principles (Ife 2012:242) that are closely related to "authentization", cultural competence, and the promotion of inclusivity as outlined in this chapter. This concludes the discussion on ethical considerations as planned for the study.

The key concepts included in this research will be explained in the next section.

SECTION 4: KEY CONCEPTS, STRUCTURE AND FORMAT OF THE STUDY

The purpose of this section is to prepare the reader for the chapters that follow. The researcher's intention is to clarify key concepts used in this thesis and orientate the reader with regards to the outline, structure and format of each of the chapters that will be presented. The discussion commences with the clarification of the key concepts that were used.

1.13 CLARIFICATION OF KEY CONCEPTS

Each of these will be defined and explained in terms of their application to the research project.

1.13.1 Early Childhood Development

This is an umbrella term that refers to the process of emotional, mental, spiritual, moral, physical, and social development of children from birth to nine years of age (South Africa 2006:Chapter 91:25; South Africa 2008:11; South Africa 2015:17). This life phase is believed to be the most effective and cost-efficient time to assist children to grow and thrive, and develop to fulfil their potential (Engle, Fernald, Alderman, Behrman, O’Gara, Yousafzai, Cabral de Mello, Hidrobo, Ulkuer, Ertem, Iltus & the Global Child Development Steering Group 2011:1339). Reference to early childhood development was significant for this study since it focused on the needs, perceptions, and practices of Welbedacht East parents/ primary caregivers responsible for parenting children within this life phase.

1.13.2 Family

This refers to a group of individuals who are linked to one another, either through kinship, adoption, foster care, the bonds of marriage (civil, customary or religious), civil union or cohabitation, who interact and communicate with one another to fulfil family roles and rules with the intention of providing care, nurturing, and socialisation for one another (Daly et al 2015:11; White Paper on Families in South Africa 2013), Department of Social Development 2008:11). This term is significant to this study because, as defined by the bioecological approach, the family is considered significant to the child’s micro-system and by fostering the relationships within the micro-system, it is assumed that healthy human development will be nurtured.

1.13.3 Family Support

This denotes the provision of a range of services that offer social, health, psychological, and economic support to families to promote their well-being and functioning. The support may be formal or informal. It assumes a systemic orientation, noting the family’s relationships and access to supportive networks and resources (Daly et al 2015:8, 12; Child Welfare Information Gateway [sa]). It is broader than parent support, as it is concerned with the family as a social unit and its ecological balance (Daly et al 2015:8). This term relates specifically to the research questions in this study that aimed to explore the social relations and environmental factors that impact on families living in Welbedacht East. It relates to bioecological and social inclusion theories acknowledging that family support is needed from multiple sources, situated at different levels (micro, meso, exo, macro and chrono), and emphasises social support and social capital as vital for the enhancement of the well-being and functioning of families living in Welbedacht East.

1.13.4 Good Enough Parenting

This term refers to the point of parenting that is situated between ‘good’ parenting and ‘bad’ parenting, that indicates that despite the pressures of living, the parent can fulfil the child’s needs for basic care and safety, love and affection, putting the child’s needs first, and providing routine and consistent care. When faced by difficulties, the parent acknowledges these and seeks supportive assistance (Child Protection Resource 2014; Choate & Engstrom 2014:374-376; Taylor, Lauder, Moy & Corlett 2009:1187). Application of the term assumes that human beings are fallible, that failure to be a “good parent” is normal under pressure, and that when parents under-perform in their role as parents they have the inherent ability to recover and remedy the problem, especially when they access relevant and contextual support (Reeves, in Choate & Engstrom 2014:370). The term is relevant to this study, as it infers that despite the socio-structural stressors that Welbedacht East parents and caregivers have to contend with, they are capable of fulfilling the indicators of ‘good enough’ parents, especially if there is a possibility that resources and opportunities will be made available to them to improve the quality of life of their children. The concept also demonstrates a strengths-based ethos.

1.13.5 Parent

The main caregiver of the child who is responsible for providing substantial care for the child in a home or family context. The term may include biological parents, step-parents, foster parents, adoptive parents, grandparents, and other relatives (Daly et al 2015:11; Moran et al 2004:6). This term acknowledges the range of parenting figures who are potential agents for forming the strong emotional relationships that children need for the promotion of positive developmental outcomes of competence even in the presence of disadvantage (Kiernan & Mensah 2011:317), as motivated by the bioecological approach. The application of this term for this study is self-explanatory and is inclusive of primary caregivers, because many children in Welbedacht East are not taken care of by their biological parents.

1.13.6 Parenting

A term used to denote to the purposeful ongoing care and support offered in a stable and intimate relationship required for the promotion of the healthy development and socialisation of a child that ultimately enables the child to survive and thrive (Al-Hassan 2009:27; Moran et al 2004:17-18; Richter & Naicker 2013:5). This term was applicable to the research because it aimed to develop a parenting support intervention for the Welbedacht East community intended to strengthen their parenting practices.

1.13.7 Parent Education

This term refers to the process of expanding parental insights, understanding, attitudes, knowledge, and skills for developing parents and their children and the relationship between them (Campbell & Palm 2004:8). It has evolved from using didactic teaching methods to integrating more interactive teaching methods and parental discussion (Campbell & Palm 2004:11). The process is used to advance topics such as children, child development, parent-child relationships, and aspects of parenting that support the development and socialisation of a child (Nelson, Laurendeau & Chamberland 2001:5; Richter & Naicker 2013:xiii), as well as broader issues such as presenting job skills training to assist parents to earn an income that may improve the quality of life for their children (Al-Hassan 2009:28). This term is significant for this study because through the process of parent education, parenting practices of the Welbedacht East community may be strengthened.

1.13.8 Parenting Programmes

This term refers to programmes that create an awareness of the importance of the parents' and caregivers' roles in supporting the growth and development of children. Parenting programmes aim to modify parental and caregiver attitudes, beliefs, and practices in relation to being responsible for the child (Al-Hassan 2009:27; Mejia et al 2012:164). They typically involve active skills training or coaching (Lucas 2011:183; Mejia et al 2012:164). They are standardised and have a "pre-packaged" approach (Daly et al 2015:18), and once developed are marketed (with the trainer often charging a fee). Parenting programmes are presented in a group format over eight to 12 sessions, and cover themes such as positive discipline, improving parent-child relationships, and reducing child maltreatment and child-related risks (Daly et al 2015:12-13). They typically have an evidence base, although it may not be from the country where the programme is applied (Knerr, Gardner & Cluver 2013:363). This term is significant to the study since the empirically validated materials, practice resources, and knowledge pertinent to existing parenting programmes could be used as a point of reference to inform the locally specific parenting support intervention that was to be developed for the Welbedacht East community. However, this was on the condition that these references did not defeat the object of the study, which was to use an acculturation bottom-up approach to find ways to strengthen parenting practices within the Welbedacht East community.

1.13.9 Parenting Support

This term refers to a variety of services and activities directed at parents that focus on parenting, parental engagement and practices, to improve the way they approach and execute their role as parents, equipping them with child-rearing resources such as information skills

and social support. The purpose of parenting support efforts is to reduce risks and promote protective factors that will enhance the social, physical, and emotional well-being of children (Daly et al 2015:8, 13; Moran et al 2004:6; Richter & Naicker 2013:xiii). This concept is broader than parent training, as it relates to the way parent training is augmented with additional services, activities, and social support to further increase the child-rearing resources that parents require to fulfil their parenting role, parental engagement, and practices (Daly et al 2015:13). This concept is relevant to this study because it acknowledges that parents and caregivers may require more than parent training to enhance the well-being and healthy development of their children. The term embraces concepts from both the bioecological and social inclusion theories and calls for an in-depth understanding of the resources and opportunities needed by parents living in Welbedacht East to enable them to ably execute their role as parents.

1.13.10 Parent Training

This term refers to educational parenting programmes that follow set syllabi and are compiled to enhance parenting through the advancement of knowledge in areas such as child development, the promotion of parental responses to children, and the provision of age-appropriate care. This type of training typically makes use of a group training format (Al-Hassan 2009:29; Richter & Naicker 2013:xiii). This term may be used interchangeably with parenting programme and is significant to this study because it is well-supported in the literature as an effective method employed to strengthen parenting practices. The intention of this study was to explore the relevance of parent training for parents/ primary caregivers living in Welbedacht East.

1.13.11 Parenting Interventions

This term is used to describe a wide range of programmes and interventions designed to support one or more aspects of parenting (Richter & Naicker 2013:xiii) and preserve families. The interventions, as outlined in the White Paper on Families in South Africa (2013), can be plotted on a progressive continuum and are summarised in one section of the policy document, namely Section 4.3, titled Family Prevention Strategies. These interventions start with prevention services, progress to early intervention, escalate to statutory intervention, and finally end with reunification and aftercare services. This concept is relevant to this research because it suggests that a continuum of services, ranging from preventive to intensive counselling services, may be required by parents and caregivers living in Welbedacht East. This concept acknowledges different systems, as proposed by the bioecological theory, as potential agents for rendering such interventions to strengthen or remediate families living in

Welbedacht East. The research focus was on prevention and, to a lesser extent, early-intervention.

1.13.12 Primary Caregiver

This term is allocated to a person who takes primary responsibility for fulfilling the daily care needs of a child in the absence of one or both the biological parents, without being remunerated or rewarded for this. This person may or may not be related to the child (South Africa 2014:19). Researchers Richter and Naicker (2013:xiii) use the term caregiving interchangeably with parenting. For the purpose of this study, the term is used to acknowledge that there are primary caregivers of children living in Welbedacht East who perform the role of parent in the absence of the biological parent to ensure that the daily care needs of the children are met.

1.13.13 Socio-Structural Factors

This concept builds on the definition of social structure which is defined as “internal institutionalised relationships built up by persons living within a community especially with regard to the hierarchical organisation of status and to the rules and principles that regulate their behaviour” (*Merriam-Webster Dictionary* [sa]). Building on this definition, socio-structural factors are those factors, often externally imposed, that influence a certain group of people’s behaviours and, in the long-term, their well-being. This concept is significant to this study because it acknowledges that there are factors imposed on parents and primary caregivers living in Welbedacht East that foster or hamper their parenting practices. It notes factors such as disadvantage and low SES that may be responsible for their social exclusion, making it difficult for them to access the resources and opportunities they need to foster the healthy development of their children.

The intention of this section was to provide a list of the key concepts that would be used throughout the research to further familiarise the reader with the terms of reference pertinent to the study and promote clarity at the outset. The final section of the chapter addresses the structure of the thesis.

1.14 STRUCTURE/ FORMAT OF THE THESIS

Chapter One: Chapter One presented the key concepts informing the research project and the motivation for conducting the study. The context of the study was described and the preliminary literature that informed the research objectives were communicated. The themes that were dealt with were: introduction to the study; problem statement; and rationale for the

study. The research technology planned for use was reported, giving attention to the overall research goal and objectives, and a synopsis of the research methodology and methods that were applied. The key concepts used in the thesis were defined.

Chapter Two: The bioecological and social inclusion theories are explained and the motivation for their selection for this study is provided. An explanation is provided of their similarities and differences, which justifies the inclusion of both theories to frame the research process. This chapter highlights the multiple social and structural factors that impact on parenting practices. Attention is drawn to the ecological settings of parents, children and families and how they impact on parenting, which in turn affects the well-being of children. Bronfenbrenner's bioecological theory structures the discussion and is augmented with topical literature about individual child characteristics, parental competence, and environmental/contextual resources and risks. The reader is introduced to Sung and Su's (2007) three spheres of influence that affect child well-being; the Child Assessment Framework (Department of Health & Department of Education and Employment Home Office 2000); and the Parent Competency Model of Johnson, Berdahl, Horne, Richter and Walters (2014).

Chapter Three: Empirical evidence supporting the valuable role that parents play in the development and well-being of the child is presented. National and global efforts that are in motion to improve the quality of parental care for children are mentioned. The three-tiered definition of "parenting", namely relationship, process and parenting practices, is represented as a foundation for understanding the concept of 'good enough' parenting. The developmental course of the term 'good enough' parent and its metamorphosis into a variety of assessment frameworks is presented. The notion of the continuum of parenting is represented, noting scholarly indicators of 'risky' or 'bad' parenting, 'good enough' parenting, and 'good' or intensive parenting. The indicators of 'good enough' parenting are coupled with the indicators of the well-being of children to reflect the onerous task expected of parents for the promotion of the healthy development and well-being of children.

Chapter Four: This chapter offers a detailed and descriptive explanation of the rationale and implementation of the research design and methodology as applied to Phase 1 of the IDD. It discusses the problems encountered whilst operationalising the research and the steps that were taken to address them. Information about the application of the IDD Model, the sampling, the data collection, and data capturing and analysis process are presented. Detailed attention is given to the application of data verification and the ethical considerations that were taken into account throughout the study before concluding the chapter.

Chapter Five: Part 1 of the findings of the interviews conducted with community champions and parents/ primary caregivers are presented and discussed as part of Phase 1 of the IDD. Preliminary information details the profiles of both samples. Excerpts taken from the interviews are used to deepen the understanding of the community's perceptions of 'good enough' parenting.

Chapter Six: The intention of this chapter was to capture the social world of parents/ primary caregivers and examine the nature of their everyday experiences and the meanings they attached to being parents in that locally specific community. Patterns and themes observed detail the factors that impacted positively or negatively on the Welbedacht East parents'/ primary caregivers' parenting practices.

Chapter Seven: This chapter presents Part 2 of the findings, namely the recommendations of the community champions and parents/ primary caregivers about the resources and services that were needed to improve parenting practices in the community. These were used to develop the goals or agenda for the locally specific parenting support intervention. The intention was to ensure that their perspectives of the community would inform a contextually and culturally relevant intervention. It includes a discussion of the process and outcome of the consultation workshop that involved parents/ primary caregivers, community champions, service providers from welfare organisations, and local government officials in charge of health, sanitation, housing and environmental services.

Chapter Eight: This chapter follows Phase 2 and 3 of the IDD as relevant to this study. It offers detail of the information gathering and synthesis phase (Phase 2) and the intervention design that emerged (Phase 3). It commences with a literature control of parenting support programmes and scope of parenting support interventions, paying particular attention to parenting programmes. It details the challenges of developing contextually and culturally responsive parenting programmes and introduces the social development approach for supporting vulnerable families. Three social developmental interventions as indicated for the locally specific parenting support programme are discussed: microfinance and *stokvels*²; financial literacy; and the facilitation of small income generating projects. The researcher reports on natural examples of parenting programmes intended for South African parents/

² A *stokvel* is a self-help savings club, usually formed by women, to fulfil both social and economic functions. The members of the *stokvel* make monthly contributions into a savings pool and take turns to receive their allocation of saved funds according to the monthly investments they make. *Stokvels* promote friendships and social networks, which in turn builds social capital. There are different types of *stokvels* based on the needs of the members (Matuku & Kaseke 2014:505-506). For a fuller explanation on *stokvels*, please see Addendum II.

primary caregivers to identify valuable lessons about these programmes useful for the development of the locally specific parenting intervention for Welbedacht East. The information from literature and natural examples are merged and integrated to develop the outline of the parenting support intervention for the community, its format, topics, and long- and short-term goals.

Chapter Nine: Conclusions and recommendations. This chapter offers a consolidation of all the salient findings of the previous chapters, condensing them into research conclusions. The researcher positions the findings in relation to the literature and theories consulted. The incongruities and surprising revelations are reflected upon, as well as the wider relevance that the research has for family practitioners servicing Welbedacht East and, more widely, in similar settings in South Africa. The limitations of the study are acknowledged and expanded upon. Those gaps in knowledge that warrant further research are mentioned with recommendations of further studies, as well as the implications of extended research for the development of policies for family preservation in South Africa.

It must be noted that the list of references consulted and all Addenda, such as research interviews schedules, samples of letters of introduction, letters of consent, the piloted parenting programme, and ethical clearance, are listed at the end of this report.

1.15 CHAPTER SUMMARY

This chapter introduced and orientated the reader to the research study and the structure and contents of the thesis. It included a general introduction that highlighted the research problem; the problem statement; the rationale for undertaking the study; the theoretical framework selected to frame the research; the research questions asked; the research goal and objectives of the study; the research approach and design that were to be implemented; the ethical considerations that were taken into account; a clarification of the key concepts used in the study; and the outline of the structure and content of the thesis.

Chapter Two follows with a detailed account of the theoretical framework that was developed for the study. Each of the theories that was used is defined, and then followed by an explanation of its development, the assumptions or principles on which it rests, and the reasons why it was relevant to this study. Detailed explanations will be provided of the way in which the ecological systems, as discussed in the bioecological theory and principles of social inclusion theory, apply to parenting practices.

CHAPTER TWO: THE THEORETICAL FRAMEWORK

2.1 INTRODUCTION

The introduction of the study was presented in Chapter One, explaining the background and rationale, as well as detailing the research plan used, which included the research methodology and methods. This chapter focuses on the elements that determined the theories that were chosen to frame the study and discusses the bioecological and social inclusion theories in that order. Each theory is introduced, its developmental background is mapped, and the assumptions, propositions, or principles that underpin it are explained. Each theory's relevance to the study is also discussed. The two theories are brought together in a discussion of their similarities and differences, developing the rationalisation for their combination to frame the study.

It becomes apparent that the bioecological theory was chosen to promote a deep understanding of the perceptions and practices of parenting in Welbedacht East, offering a framework to structure a detailed explanation of the multiple contexts impacting on parenting practices in general. This was meant to bring clarity to which ecological systems had to be targeted to improve parenting practices in that community. Social inclusion theory is presented next, as relevant for designing the process that would be followed for the development of a locally specific parenting support intervention. It was used to develop an appropriate response, with the engagement of the community, to some of the socio-structural realities of parents/primary caregivers living in Welbedacht East, as limited to the scope of this study. Social inclusion theory is presented as an action-orientated response committed to "creating change" (D'Cruz & Jones 2014:50) and directed by principles of social justice. The principles of social inclusion should become evident in Chapter Four as they influenced the operationalisation of the research process.

For creating the structural coherence of this thesis, the bioecological theory is expanded further to include modern works to create a very detailed presentation of the ecological systems that impact on parenting practices. The merging of the concepts of both bioecological and social inclusion theories highlights their synchronicity. This chapter is intended to prepare the reader for the next chapter on 'good enough' parenting practices. It aims to conscientise the reader that efforts to measure 'good enough' parenting without considering the cultural and contextual realities of parents are meaningless.

2.2 CHOOSING A RESEARCH THEORY

Feldman's (2012:154) definition of a good research theory resonated positively with the researcher; she compares it to a live electrical wire: "It connects multiple dimensions into a unified model, lights up a unique view point, and resonates meaning in the mind of the reader." The research required a theory that depicted the complexity of parenting and would offer new insights and meanings for this locally specific research topic. The theory needed to extend beyond creating understanding to suggesting principles necessary to develop a more socially inclusive parenting support intervention that would directly engage and involve parents/ primary caregivers in the process of finding solutions. It had to respect their personal agency and increase their personal capacity to make a difference in their own lives.

Therefore, the researcher chose to locate the research within two theories, namely the bioecological and social inclusion theories, as both were relevant and influenced the manner in which she defined the research topic, as well as the methodological approach and tools that were applied during the research process (Trafford & Leshem 2008:79). They served to broaden the understanding of what contributes to 'good enough' parenting, highlighting the ecological settings that influence parenting performance (bioecological theory) and the repercussions of parents not being able to access the resources they need (social inclusion theory). They both referred to the structural power relations, living conditions, and cultural norms that impact on the daily lives of parents/ primary caregivers and subsequently influence their parenting practices.

What follows is an outline of the bioecological theory.

2.3 BIOECOLOGICAL THEORY

The bioecological theory of human development relates to the interface between a developing child and the environment, placing emphasis on the significance of the child having a positive, significant relationship with a person in the immediate space where the child develops (Ben-David & Nel 2013:413). In the sections that follow, an explanation of the bioecological theory concepts, such as process, person, context and time, as well as the assumptions or propositions that support the theory, the evolution of the theory, and the five concentric spheres of the ecological system that constitute the context of parenting shall be provided. The researcher will also offer her motivation for using this theory for her study.

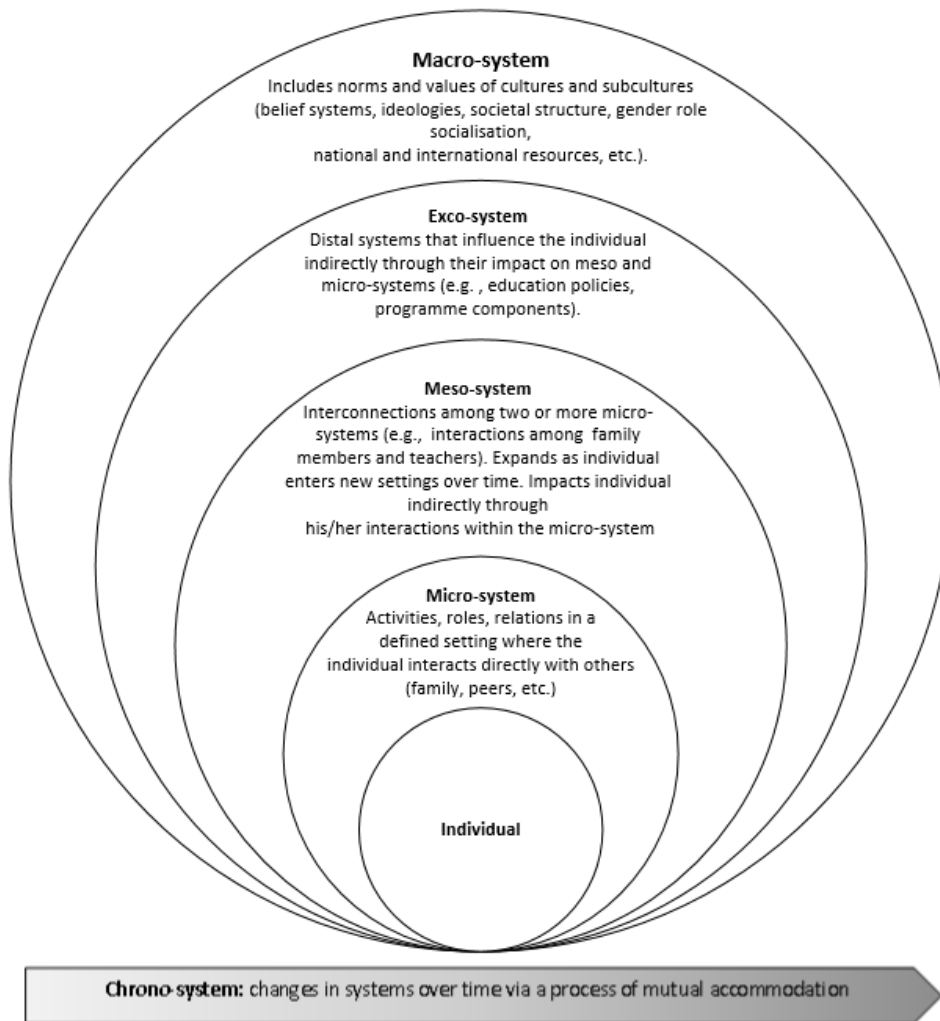


Figure 2.1: Diagram of the bioecological theory
Source: Flintoff, Broadley, Martin and Barker (2016)

This diagram alerts the reader to the five concentric ecological systems influencing human development. They will be explained later, after an explanation of the central concepts of process, person, context, and time have been given.

2.3.1 The Four Interrelated Components of the Bioecological Theory: Process, Person, Context and Time

The bioecological theory is based in four different interrelated components, which are discussed below.

Process refers to the transactions that occur between the child and the child's immediate surroundings, which are responsible for promoting the child's well-being and development. There are two categories of processes, namely proximal processes and distal processes (Krishnan 2010:5). Proximal processes are environmental sources that the child has direct personal interactions with. The more responsive the relationships are between the child and the environment; the better the child's developmental outcomes will be. Such proximal processes promote developmental outcomes of competence in the child, even in the presence of disadvantage. Therefore, Bronfenbrenner referred to proximal processes as the "primary engines of development" (Guhn & Goelman 2011:205). Positive proximal processes reduce or cushion the child against environmental influences likely to affect the child's developmental outcomes (Bronfenbrenner 1994:38; Bronfenbrenner 1999:5). Distal processes are the indirect environmental factors that influence the child's development. They include, for example, the family's access to support and resources, and their integration into the community (Krishnan 2010:5).

Person – Bronfenbrenner proposed that the personal qualities of the child could influence the parent-child relationship. He identified the three person characteristics as generative force, resource, and demand characteristics (Rosa & Tudge 2013:253). Generative force characteristics refer to personality traits exhibited by the child, such as curiosity, responsiveness to others, and the ability to defer immediate gratification. Ability, knowledge, skills, and experience are categorised as resource characteristics. Agitated or calm temperaments, attractive versus unattractive appearances, and hyperactivity and passivity are grouped as demand characteristics. Person, force, resource, and demand characteristics may attract or repel others and influence the proximal processes required for the child to receive support or attention.

Context refers to the five concentric interconnected environments or systems of interaction that the child and family "nest in", each affecting human development (Boemmel & Briscoe 2001; Derksen 2010:330; Krishnan 2010:7; Rosa & Tudge 2013:246; Swick & Williams 2006:371). They are the most distinguishing aspect of Bronfenbrenner's theory and are concentrically arranged from the external systems on the outside to the most intimate systems on the inside, in the following order: socio-cultural (macro-system); community (exo-system); the interconnections between two or more micro-systems (meso-system); and family (micro-system) (Guhn & Goelman 2011:206; Moran et al 2004:19; Swick & Williams 2006:372).

Time – the time element was added at a later stage to acknowledge external events or internal changes that a person experiences as they move through time (Rosa & Tudge 2013:253;

Swick & Williams 2006:371). It is referred to as the chrono-system. It includes chronological age and time-related events, such as a parent's illness and relocation, as these potentially have a profound effect on younger children (Hapunda, Abubakar & Van de Vijver 2017:11). Some of the significant changes may relate to the socio-historical experiences the family has been exposed to over time (sometimes over several generations) (Taylor, Spencer & Baldwin 2000:113).

These concepts evolved over several decades and therefore an explanation of the developmental background of bioecological theory is presented next.

2.3.2 The Developmental Background of the Bioecological Theory

The bioecological theory was developed by a developmental psychologist and pioneer in the field of human ecology, Urie Bronfenbrenner (Derksen 2010:327; Rosa & Tudge 2013:243; Swick & Williams 2006:371). He combined sociology with developmental psychology to explain the mutually satisfying/ distressing relationships that exist between human beings and the communities in which they are situated (Miller 2010:96; Sidebotham 2001:98).

This theory has three distinct periods of development, as it evolved over several decades after vigorous re-examination and research (Bronfenbrenner 1994:37; Neal & Neal 2013:723; Rosa & Tudge 2013:244-255). The latest version of Bronfenbrenner's theory was used for this study. It was developed with the assistance of Ceci, Croute and Morris (Derksen 2010:331). This version differentiates between developmental outcomes, person characteristics, process variables, and time variables, proposing that these form an interactional, holistic ecological system (Bronfenbrenner 2005a:3; Derksen 2010:331; Guhn & Goelman 2011:206; Rosa & Tudge 2013:251). It became known as the bioecological model of human development and is often referred to as the process-person-context-time model (Derksen 2010:331). It offers a holistic approach to examine the phenomenology of people to explain and describe the dynamic exchanges (proximal and distal) that occur between and within the systems they operate in (Lau & Ng 2014:425). It draws attention to the parent-child relationship and the multiple contexts wherein the parent and child are situated, that impact either positively or negatively on their relationship. This holistic perspective was of importance for this study, to strengthen the Welbedacht East parents'/ primary caregivers' responsiveness towards the children, one needed to understand the constraining and facilitating forces that impacted on the parent-child relationships.

2.3.3 The Propositions on Which the Bioecological Theory Rests

Bronfenbrenner's publication of the bioecological theory of human development offers nine propositions (Bronfenbrenner 2005a:3-12). Six of these were relevant to this study, because the other three are more relevant when parenting older children. The propositions are summarised to further explain the concepts of proximal and distal processes and how they occur in each of the ecological levels of parenting, making them bidirectional processes.

- **Proposition 1**

Parenting is affected by a concrete environmental context wherein the parent and child are situated and which both parent and child experience subjectively.

- **Proposition 2**

Parenting is the primary proximal process that exerts direct influence on the child's development. It fosters the development of factors such as the child's personal sense of agency, knowledge, and skills. These are all relevant to preparing the child to manage himself/herself and his/her interactions with others.

- **Proposition 3**

Many factors shape the proximal process between the parent and child, such as the child's unique characteristics; the child's genetic inheritance; the environment, both immediate and remote; the child's developmental stage; and the stability or changes that occur in the environment over time.

- **Proposition 4**

The child needs a strong, emotional connection with at least one person who is committed to satisfying the child's needs in terms of physical health, development and safety; cognitive development and education; psychological and emotional development; and social development and behaviour.

- **Proposition 5**

When a strong emotional bond exists between the parent and child, the child internalises the parent's actions and expressions of affection. This increases the child's confidence to interact with the immediate environment. It inspires the child to explore, manipulate, and expand their interactions with others and use their imagination. These are essential for preparing the child for his/her interactions with the broader environment.

- **Proposition 6**

Parents need significant others to support them in their parenting. Assistance, encouragement, and emotional support from others strengthen parenting practices. The support may be offered by relatives who live nearby, close friends, neighbours, a religious group that the parent belongs to, or even staff members of family support and childcare programmes.

Having explained the central concepts, propositions, and evolution of this theory, the motivation for using it to frame this study will now be presented.

2.3.4 The Relevance of the Bioecological Theory to This Study

There were two criteria which led to the researcher choosing the bioecological theory. Firstly, it was an empirically validated research theory that would enhance the efficacy of the study. Secondly, it offered a structural framework for developing the situational and contextual understanding of parenting practices in the Welbedacht East community.

According to Onwuegbuzie, Collins and Frels (2013:4), the bioecological theory is a validated research theory that offers three things: clear philosophical assumptions that guide the selection of the research methodology; socio-political commitment; and direction when choosing research methods, such as sampling design, research design, data collection and analysis as consistent with the qualitative approach that the researcher opted to use. The philosophical assumptions of the bioecological theory were in harmony with a qualitative approach with exploratory, descriptive, and contextual purposes, as selected for this study. It recognised the importance of the parent-child relationship and simultaneously motivated for socio-political commitment to build a supportive ecology around this relationship. It would highlight the socio-structural factors that were beyond the parents'/ primary caregivers' control, which were responsible for compromising the parenting practices of the Welbedacht East community and which may have caused them to be unfairly judged and labelled (Brendtro 2006:165).

Furthermore, the researcher needed a research approach that was consistent with the purpose of social work and offered cultural and contextual relevance. This was important to developing a situational and contextual understanding of parenting in Welbedacht East, as will be explained next.

Firstly, social work promotes the contextual understanding of client systems (Choate & Engstrom 2014:376), particularly when assessing parenting, because situations and context

create the greatest variation in parenting practices (Holden & Miller 1999:247). They regulate the extent to which parental support and guidance are available to promote the child's well-being (Bronfenbrenner 1994:37). Contextual factors, such as economic, social, historical and political factors, either place pressure on or grant privileges to parents (Taylor et al 2000:113). When they create positive exchanges or interactions for parents and their children, the healthy development of children is promoted over time (Bronfenbrenner 1999:723).

Secondly, as will be highlighted in Chapter Three, most parenting studies are based predominantly on Caucasian, middle-class, married couples (Dermott & Pomati 2016:126; Hoffman 2010:387; Smith 2010:690) who enjoy more power and influence within the social order (Choate & Engstrom 2014:376; Sue, Rasheed & Rasheed 2016:50). Their "over inclusion" in studies overshadows the perspectives of the "others". The "over-included" have become the norm for comparison, resulting in families from ethnic minorities and lower socioeconomic status (SES) being disproportionately judged as poor parents (Azar & Cote 2002:193; Brendtro 2006:165; Eve, Byrne & Gagliardi 2014:115). Much of the inequality and social despair they suffer goes unnoticed (Sue et al 2016: 50). The Welbedacht East community represents different ethnic groups, mostly indigenous to South Africa, who suffer the same discrimination that ethnic minorities in Western cultures suffer as remnants of colonisation and apartheid eras. To develop a contextually and culturally relevant locally specific parenting support intervention for people in this position, one built on justice, a thorough understanding was needed of their contextual realities (Taylor et al 2000:113).

To facilitate an even clearer understanding of the assessment of parental functioning using the bioecological model, other more recent models were consulted. They deepened the researcher's understanding of the parent-child relationship in preparation for the literature reviewed in the chapter on 'good enough' parenting. An overview of each of the models included is presented.

2.3.5 Recent Models That Expand the Circles of Influence on Parenting Practices

The three models that advanced the researcher's understanding of the ecological assessments of parenting were Sung and Su's (2007:1) Ecological Developmental Model; the Child Assessment Framework as adopted in Britain (Cleaver & Walker 2004:82; Crawford 2011:24), and Johnson et al's (2014:92) Parent Competency Model. They were relevant to developing an understanding of 'good enough' parenting, but because of their emphasis on contextual factors and the impact they have on parenting, they will be introduced in this chapter.

The Ecological Developmental Model by Sung and Su (2007:1) refers to three spheres of influence that affect child well-being: the child's individual characteristics; parental competence; and environmental/contextual resources and risks (Sung & Su 2007:4). Each of these will be expanded upon in this section. The child assessment triangle framework, as developed by the Department of Health and the Department of Education and Employment Home Office in Britain (Cleaver & Walker 2004:82; Crawford 2011:24), overlaps with the three spheres of influence proposed by Sung and Su (2007:5) and the bioecological theory, but provides a more practical structure to triangulate the assessment of the child's developmental needs, the parents' capacity, and other family and environmental factors. The Parent Competency Model developed by Johnson et al (2014:92) expands upon the concept of parenting capacity, because it includes another dimension, namely foundational competence. They propose that foundational competence is necessary for parents to succeed in achieving the behavioural indicators of 'good enough' parenting, which they refer to as "adequate" parenting, recognising that there remains room for improvement.

First, the notion of the Ecological Developmental Model will be introduced and briefly explained to promote an understanding of the vulnerability and resilience of children as linked to parenting (Sung & Su 2007).

2.3.5.1 *Ecological Developmental Model*

To understand the vulnerability and resilience of children, Sung and Su (2007:1) examined the ecological risk factors of child development and integrated their findings with the works of Bronfenbrenner (1977:513), Guralnick (1998:319), and Thurman (1997:13). Their model notes three specific spheres of influence on the child's developmental outcomes: the child's individual characteristics; parental competence; and environmental/contextual resources and risks (Sung & Su 2007:4). The focus of the study was on the parental competence of Welbedacht East parents/ primary caregivers, given the contextual realities they had to negotiate. The model overlaps with Belsky's parenting process model discussed by Scannapieco and Connell-Carrick (2002:605-609), which will be presented in the next chapter, and a more recent study by Johnson et al (2014:99) which is the third model that will be discussed in this section.

The Ecological Developmental Model offers more detail of the micro-system than the bioecological theory does, discussing the many factors that influence parenting at this level. It includes ontogenesis; the parent's personal and psychological resources; the child's characteristics; and the goodness of fit between the parent and child. It recognises the contextual stressors or enhancers of parenting efforts (Sung & Su 2007:9) as being situated

in the exo-system and macro-system, as consistent with bioecological theory. The Ecological Developmental Model is represented in a diagram below to detail influential factors impacting on parenting practices.

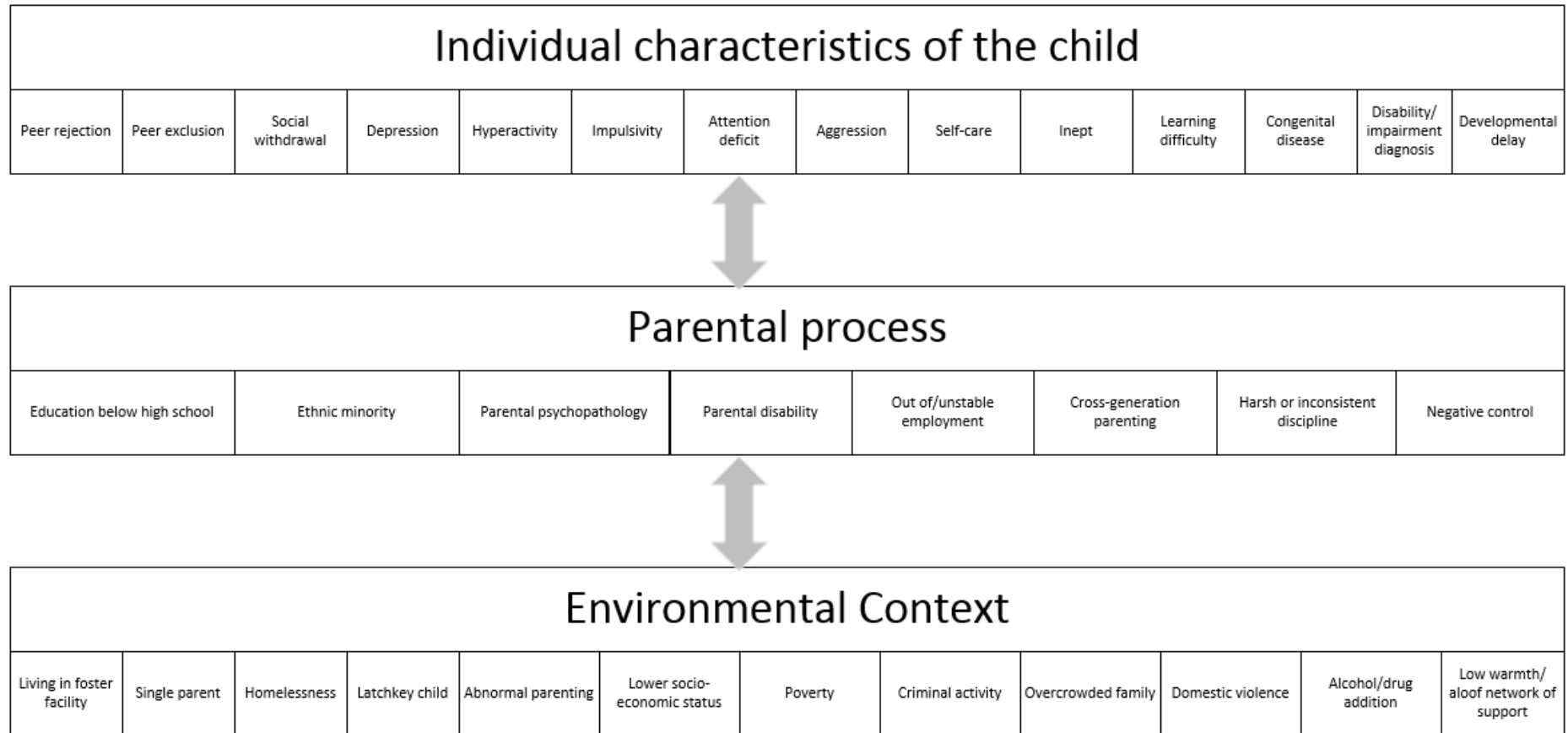


Figure 2.2: Diagram of Ecological Developmental Model

The Child Assessment Framework overlaps with the Ecological Developmental Model (Department of Health & Department of Education and Employment Home Office 2000), as will be seen in the discussion that follows.

2.3.5.2 *The Child Assessment Framework*

The Child Assessment Framework identifies several key assessment areas considered important for protecting the well-being of children. The key areas are the child's developmental needs; parenting capacity; and family and environmental factors (Cleaver & Walker 2004:82; Crawford 2011:24-26; Horwath & Lees 2010:83). The interrelatedness of the three sides of the triangle suggest that they are equally important for developing and ensuring the safety and well-being of the child, as suggested by Sung and Su (2007:4).

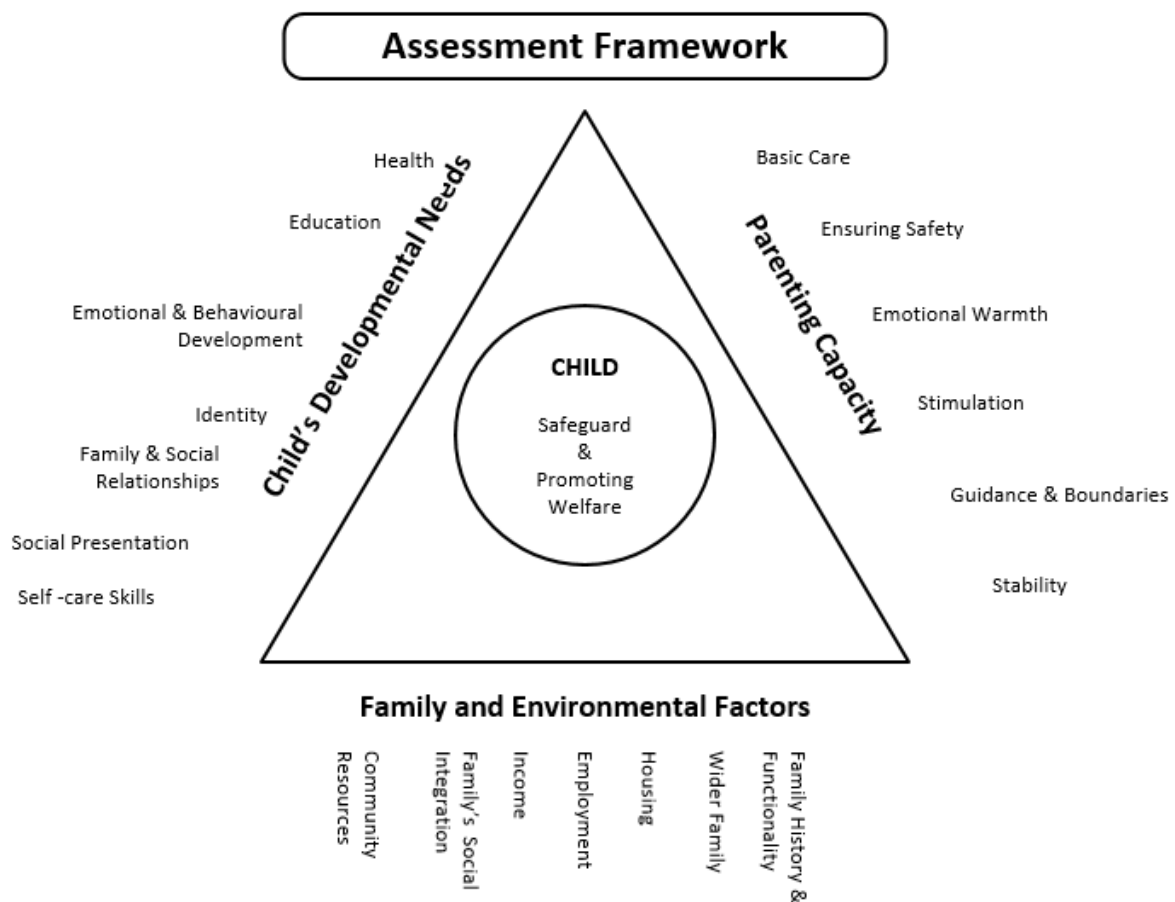


Figure 2.3: Diagram of the Child Assessment Framework

Source: London Children Safeguarding Board (2017)

The three spheres form the basis for the practitioner to track the child's well-being across three separate axes (Cleaver & Walker 2004:82; Crawford 2011:24; Horwath & Lees 2010:83). The

discussion is based on the consolidation of information gathered from several published works: Framework for the Assessment of Children in Need and their Families, the original publication of the Department of Health and the Department of Education and Employment Home Office (2000); Crawford (2011:18-26); the London Children Safeguarding Board (2017); and Cleaver and Walker's (2004:81-90) article about the implementation of the framework for social work assessments of children and their families.

The first axis refers to the way the individual child performs in several domains, the second refers to the parent's capacity to care for the child, and the final axis refers to the family and environmental factors that impact on the child's well-being. Most of the domains listed under the individual child category, namely health, education, emotional and behavioural development, identity, and family and social relationships, correspond with the four domains listed in the UNICEF conceptual framework, but social presentation and self-care skills are listed as separate sub-categories. Instead of referring to the broad category of relationships, the Child Assessment Framework focuses specifically on the parent's capacity to properly care for the child. This parental care axis brings focus to the parent's ability to meet the child's basic needs, protect the child from risky situations and danger, offer the child emotional warmth, stimulate the child's overall development, direct the child's behaviour and moral development by setting boundaries and providing constant guidance, and ensure a general state of stability for the child. These actions are monitored to establish the parent's ability to safeguard the child's well-being. They correlate with the constructs of 'good enough' parenting, as will be seen in the next chapter. Family, peer, school, and community relationships are plotted on the third axis under family and environmental factors as relevant to the meso- and exo-systems, but this model fails to mention the macro-system, because it is an assessment framework to evaluate parenting practices.

The combined axes direct assessors to use triangulation to obtain an accurate picture of the extent to which the child's well-being is compromised by the parent and assists the practitioner working with the family to discern what the different types and levels of need are (Cleaver & Walker 2004:82; Crawford 2011:21). This information will be integrated with Bronfenbrenner's bioecological theory later in this chapter.

The Parent Competency Model is very similar to the Child Assessment Framework, as will be seen in the next section.

2.3.5.3 *The Parent Competency Model*

The Parent Competency Model (Johnson et al 2014) is a multi-level, cross-disciplinary, contextual model of parenting. It is intended to facilitate the assessment of what the developers of the model, Johnson et al (2014), consider as universally accepted standards of parental functioning. It has relevance to this study, because it proposes that parenting is complex and that positive child outcomes are related to multiple factors, with parental competence featuring strongly (Johnson et al 2014:104). Parental competence varies between bad and preferred parenting, and adequate parenting competence is situated in between these. Adequate parenting is the minimum level at which a parent can function in order not to compromise the child's well-being (Johnson et al 2014:105). Johnson et al (2014) rate parenting as bad, adequate and preferred parenting, which is like the continuum of parenting care that will be presented in the next chapter on 'good enough' parenting. The purpose of Chapter Three is to identify specific behavioural anchors that measure 'good enough' parenting, which is referred to as adequate parenting according to the Parent Competency Model. The developers of the Parent Competency Model note that when parenting falls below the desired level, it may be modified by developing parental knowledge, skills and abilities, behaviours, attitudes, beliefs, and reasoning. This was relevant for contemplating the locally specific parenting support intervention.

The purpose of introducing the model in this chapter is that it offers an expanded explanation of the different contexts that influence parental competence. It proposes two main categories of variables situated outside the parent that affect parental competency: child variations and contextual variations. The child variations include: the child's age, development, temperament, and reactivity (Johnson et al 2014:104). These overlap with the bioecological theory's reference to the child's individual characteristics (Derksen 2010:331; Krishnan 2010:6). The contextual variations include elements such as parental social network, access to education and employment, level of conflict in the home, parental age, prevalence of substance use in the home, media, peer influence, SES, and culture. According to the bioecological theory, these contextual variations are situated in different contextual spheres; meso, exo, and macro. The parental competency model, however, proposes a third contextual variable of parenting that is not explicitly mentioned in Bronfenbrenner's theory, namely the parent's foundational competence. Parent foundational competence refers to parent-related contextual factors such as the parent's cognitive ability, psychological health, and level of self-care, because these impact on the parent-child relationship. The combination of these three contextual variables is said to significantly impact on the parent's functional competence to parent. A parent is considered to be functionally competent when able to: offer the child behavioural guidance, stimulate the child's cognitive development, promote the child's emotional health, provide for

the child's basic needs, and adequately socialise the child. Whilst the functional competence is particularly pertinent to the discussion in Chapter Three on 'good enough' parenting, the contextual variables and parent-related contextual factors are relevant here.

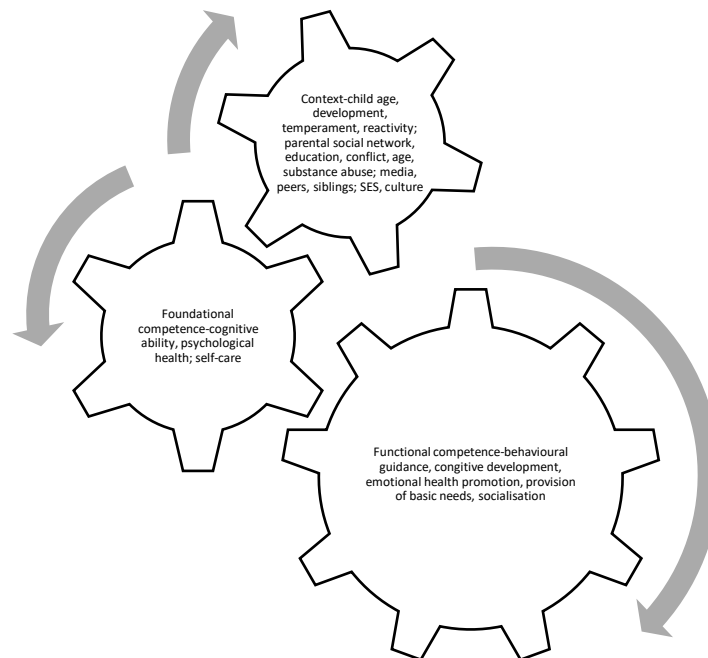


Figure 2.4: Johnson et al's (2014) model of competent parenting

Having introduced the broad commonalities of Sung and Su's Ecological Developmental Model, the Child Assessment Framework, and the Parent Competency Model in terms of their references to the interrelated spheres of influence on child well-being and development, their ideas will be situated within the bioecological framework to augment Bronfenbrenner's bioecological theory, integrating the depth of their explanations. These two modern assessment frameworks, as well as the Ecological Developmental Model, appear to weigh each of the three elements equally, where Bronfenbrenner, in keeping with Winnicott's theory, considers the parent-child dyad as being the most important influence in the child's development.

This section has reviewed the important aspects of the bioecological theory, integrating more recent works to expand the conceptual framework of the circles of influence on parenting practices. The second theory, namely the social inclusion theory, will be explained next in terms of its developmental history, the assumptions and principles on which it is based, and its relevance to this study.

2.4 SOCIAL INCLUSION THEORY

Social inclusion is a well-debated term with a range of descriptive definitions too lengthy to include here (Gidley, Hampson, Wheeler & Bereded-Samuel 2010:129; McDonald 2011; Popkewitz & Lindblad 2000:8; Soudien, Carrim & Sayed 2004:23) and which are described as vague and ambiguous (McDonald 2011). It is the antonym of social exclusion, which refers to multiple dimensions of deprivation that minimise a person, family, or community's ability to participate fully in aspects of societal life (Correa-Velez, Gifford & Barnett 2010:1414). Social inclusion is "closely related to full and fair access to collective resources and activities, the maintenance of social relationships with family, friends and acquaintances, and the development of the sense of group belongingness" (Cobigo, Oullette-Kuntz, Lysaght & Martin 2012:75). For Walker and Wigfield (2004:12), it extends beyond being included or having access to resources and implies quality of inclusion. Therefore, Walker and Wigfield (2004:12) define it as "the degree to which people are and feel integrated in the different relationships, organisations, sub-systems and structures that constitute everyday life". Some authors view social inclusion as removing institutional barriers and upscaling incentives to ensure that diverse individuals and groups are able to access assets and developmental opportunities to thrive (Correa-Velez et al 2010:13). This level targets policy level intervention (Correa-Velez et al 2010:13). Others are less ambitious, and refer to bringing people, who have been marginalised through culture, religion and political history, back into mainstream society by including them in decisions that affect their lives (Hunter 2009:54). They suggest that this can be achieved by upscaling participatory community development initiatives (Caruna & McDonald 2011:4-5). Ultimately, as Roy, Young and Wattam (2002:124) suggest, building skills for social inclusion is critical to social work practice.

2.4.1 The Developmental Background of Social Inclusion Theory

Authors are not in agreement about when the importance of social inclusion first received attention. According to Allman (2013:7), it is a recent concept brought to light in Europe towards the end of the 1980s. Others trace it to the even earlier work of Max Weber in the 19th Century (Gidley et al 2010:129; Soudien et al 2004:24). The World Bank (2013:49) identified the terms social inclusion and social exclusion in social policy in Europe in the 1960s. Irrespective of its origin, there is general consensus that social inclusion was referred to in social policy in France in the 1970s and then later spread to other countries (Gidley et al 2010:129; Rawal 2008:167), namely the British Government in 1997 under the leadership of Tony Blair and the Australian Government in 2002 under the leadership of Rudd (Gidley et al 2009:129). The European Community and European Union mandates influenced other commonwealth countries thereafter: New Zealand, Canada, and South Africa (Allman 2013:7).

Social inclusion is about social justice (Gidley et al 2010:134), promoting opportunities for all people to participate fully in society, respecting their human dignity (Gidley et al 2010:134) and promoting their well-being. In particular, Morris (2002:131) suggests that within such an inclusive ethos family and professional partnerships impact on interventions. Furthermore, Morris acknowledges that such partnerships remain a minority in research (Morris 2002:131).

The global perspective promoted by the World Bank (2013:6) is that people need to be connected or included in three interrelated areas to ensure their well-being: markets, services, and spaces. The Australian policy context presents these slightly differently, addressing four key opportunities: the opportunity to participate in society through employment and to access services; to connect with family and friends and the local community; to deal with personal crises; and to be heard (McDonald 2011). These different perspectives overlap considerably, and their reference to the opportunities people require became of interest since these have a profound effect on parenting practices. The two different perspectives have been combined and schematically represented in the diagram below.

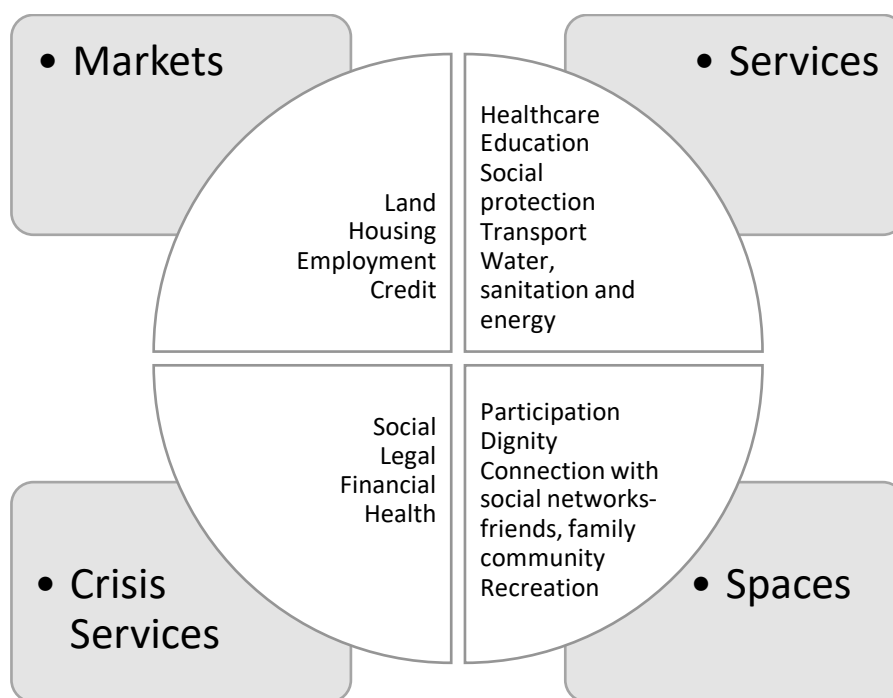


Figure 2.5: Four elements of social inclusion, adapted from McDonald (2011) and the World Bank (2013:255)

2.4.1.1 Markets

Individuals require access to: land, housing, labour, and credit. These embody economic security that further confer status on them. Those of lower SES struggle to retrieve these

resources, which compromises their access to the opportunities they require, as will be demonstrated in the references that will be made to examples of South African parents living in lower socioeconomic neighbourhoods. Undoubtedly economic considerations influence family patterns (Zastrow 2014:82), which impact on economic liabilities within the family.

The National Housing Scheme in South Africa allocated 2.8 million housing subsidies by 2010, yet the housing shortage in 2011 was estimated to be around 2.1 million housing units (Ndinda, Uzodike & Winaar 2011:762). To build these houses, South African municipalities stopped developing subsidised rental stock housing for vulnerable people and used those resources to build houses. The “mushrooming” of informal settlements continues despite these efforts (Ndinda et al 2011:762). The authors suggest that the violent protests within South Africa are fuelled by the slow delivery of houses, because a substantial number of vulnerable people have to live in substandard dwellings (Ndinda et al 2011:782).

People of lower SES logically struggle to access work opportunities, because they lack job skills, education, and work experience. Poor access to childcare and transport, together with their family/care responsibilities and personal, physical or mental health issues further reduce their ability to secure permanent employment (McDonald 2011:10). The intensification of gender inequality with respect to working conditions and compensation for African women is mentioned by Raniga and Ngcobo (2014:523) as a major stumbling block that prevents them from being able to lift themselves out of poverty. These experiences are particularly evident among young mothers whose inability to complete their education after falling pregnant predisposes them to no or low levels of employment and income (Jordan, Patel & Hockfeld 2014:393).

In the modern world, access to financial services, such as banking accounts and small loans, facilitate individuals' lives. Those in the lower income groups are less likely to access reputable financial services such as these (Raniga & Ngcobo 2014:523). They borrow from microlenders and informal money lenders (James 2014:25). They turn to the people who surround them for financial help (neighbours, friends, and informal sellers of goods) which results in the “lender” expecting the “borrower” to reciprocate at a later stage. According to Engelbrecht (2015:114), this explains how poor communities fall into the “debt trap”. James (2014:26) stipulates that the over-indebtedness of the poor makes them vulnerable to the practices of informal money lenders who often charge higher interest rates than financial institutions and hold the lenders' ATM cards as bank security. This perpetuates the cycle of poverty. Parents living in poverty are hard-pressed to provide nutrition, healthcare and education for their children (Gould & Ward 2015:2). Poverty increases depression, which in turn has been associated with more

frequent parental use of severe punishment and poorer responsiveness to children's behaviour (Gould & Ward 2015:2). Poverty, according to Robbins (2005:12), remains a daily experience for almost half the citizens of Durban.

It was important to establish the extent to which parents/ primary caregivers had access to markets, as that would impact to some extent on their ability to promote the well-being of their children.

2.4.1.2 Services

Services for families should include facilities such as healthcare, education, social protection, transport, water and sanitation, energy, and information services. Transport in particular is vital, as it links people to other services, connects them with opportunities (World Bank 2013:94), and enables them to access healthy food (Kirkpatrick & Tarasuk 2010:1139). Water and sanitation are essential for good health and energy, and critical for enabling people to support themselves. Information services connect people with opportunities to participate in the economy.

Subordinate groups experience inequality in access to services (World Bank 2013:94). The disparities between the abilities of those in lower socioeconomic communities and middle-class or higher income ones reveal that poor South African children have far less access to the services they require for their well-being than those in middle to high-income groups. A child in the poorest 20 per cent of households is twice less likely to have adequate sanitation and water; twice less likely to be exposed to early childhood development programmes; three times less likely to complete secondary education; 17 times more likely to experience hunger; and 25 times less likely to be covered by a medical scheme (NPAC, South Africa 2012:17). Statistics indicate that poverty levels have risen since 2012, and in 2015 more than half of South Africans (55 per cent) were poor, with children from birth to 17 years of age being the poorest (StatsSA 2017).

South Africans were promised universal healthcare, education, housing with electricity, running water, and waterborne sewerage systems, but the failure of these to materialise has fuelled violent protests amongst the economically poor (Africa Conflict Monitor 2016:6). Even within the first decade of democracy, the intensification of privatisation of basic services resulted in over 10 million people having their water and electricity disconnected on account of non-payment (Sewpaul 2005:315).

The researcher wished to understand the extent to which the parents/ primary caregivers living in Welbedacht East could access the services they needed to promote the well-being of their children.

2.4.1.3 Crisis services

Crises evoke emotional, behavioural and cognitive challenges that the affected persons perceive as exceeding their coping mechanisms and resources, making them appear insurmountable, and requiring crisis services (James & Gilliland 2017:9). After experiencing such events, emotional support, acknowledgement, practical assistance, information, acceptance, understanding, and often assistance to contact the judicial system are required (Mason & Nel 2009:120). When support structures are absent in these times, the ability of victims to recover from them are reduced (Mason & Nel 2009:119). It is noted by McDonald (2011) that families of lower SES are less likely than those of higher socioeconomic status to access preventive or support services, but more likely to need and seek economic or crisis response services. Poor South African people, especially those living in informal settlements and townships, are exposed to high levels of crime and violence and therefore experience grief and trauma as continuous processes (McLea & Mayers 2017:423). Disadvantaged families who experience family crises and mental health challenges struggle to access the support that they need (Ben-David & Nel 2013:422; Botha-Verhage & Jacobs 2017:201; Mason & Nel 2009:119; McLea & Mayers 2017:423; Mosoma & Spies 2016:197). Offering an explanation, Strydom (2012:435) shares that social workers working with at-risk families found that their caseloads were so high that they could do little else but to manage the crises. Because of the pressure they were under they failed to strike a balance between offering longer term services and concrete services, such as assisting families to manage the household, and perceived them to be a waste of time (Strydom 2012:446). In support of this perspective, McLea and Mayers (2017:438) contend that the job descriptions of social workers limit them to responding to crises and events rather than enabling them to pre-empt them.

This was relevant to the study, because it was important to understand the early crisis interventions that parents/ primary caregivers living in Welbedacht East needed to avoid ending up in the statutory system.

2.4.1.4 Spaces

Spaces represent power and knowledge, and people's sense of entitlement to social and economic opportunities. The most basic of these is the need to be heard, be consulted about the support that is needed, and participate in decision making about matters that affect their lives (World Bank 2013:97). When given a "voice", people develop an increased sense of

competence and self-esteem, allowing them to assert their individual and community rights (McDonald 2011). As mentioned by Jordan et al (2014:396), this is important within the South African context, because previously many people were denied the opportunity to make strategic life choices.

Spaces also refer to the creation of opportunities for people to be connect with a social network in which they live. Social networks positively reinforce social values, give a sense of belonging, and result in the satisfaction of being able to participate in and contribute to society (Correa-Velez et al 2010:19). In a study of young mothers in Soweto (Jordan et al 2014:403), many of the research participants reflected a need to improve their lives by engaging with community structures, such as involvement in school meetings, neighbourhood committees, and religious groups, together with other forums which included *stokvels* (refer to Addendum II) and burial societies (Jordan et al 2014:396).

Empirical evidence endorses the proposition that constructive social ties have positive effects on people's mental health outcomes (Davies, Davis, Cook & Waters 2008:215). Children raised in unemployed families experience higher social and behavioural problems; poorer performance in reading literacy scores; increased risks of accidental injury, lower educational attainment; and heightened psychological distress (McDonald 2011). Women lacking social support have increased risks of depressive symptoms (Mulvaney & Kendrick 2005:202) and parental isolation negatively affects infant birth weight and health (Muhajarine & Vu 2009:130). The informal safety network of grandmothers, older siblings, and aunts is mentioned by Raniga and Ngcobo (2014:525) as offering support and care to single mothers in a human settlement in KwaZulu-Natal, thereby raising the bonding capital there. It is within this intersectionality of multiple factors (social and cultural) that the spaces individuals occupy impact on them (Zastrow 2014:399).

It was important to understand the support systems that parents/ primary caregivers living in Welbedacht East had to bolster their parenting practices. Furthermore, a priority of the study was to engage the community in developing the parenting support intervention, because the research process was intended to be participatory. As expressed in Chapter One, it was acknowledged that they were the best informed about the cultural and contextual issues that affected their parenting practices. Finally, their experiences of trying to overcome the contextual realities to be 'good enough' parents needed to be shared with practitioners, service organisations, and policy makers to increase their awareness of the need to develop more comprehensive services to support vulnerable parents.

In stark contrast to the presented explanation of social inclusion/exclusion, Walker and Wigfield (2004:17) propose that social exclusion is easily determined when a person or family experiences serious difficulty in accessing three or more areas of everyday life, such as paying for accommodation, food, children's schooling, and healthcare. This should be taken into consideration when the findings of the Welbedacht East parents'/ primary caregivers' perceptions and practices are discussed in Chapter Five and the factors that challenged their ability to be 'good enough' parents are presented in Chapter Six.

2.4.2 The Principles of Social Inclusion

The principles of social inclusion, as identified in three publications (Gidley et al 2010:134; Shortall 2004:115; World Bank 2013), are consolidated into a table as presented below. These principles overlap with the objectives of the Global Agenda for Social Work (IASSW, ICSW & IFSW 2014).

Table 2.1: The Principles of Social Inclusion

(Gidley et al 2010:134; Shortall 2004:115; World Bank 2013:255)

Reduce disadvantage.
Increase social, civic, and economic participation.
Let the community be heard: What services do they need? How do they want to be empowered?
Increase community capacity: increase access to services they need; increase opportunities; and capitalise on individual and community strengths.
Develop partnerships with key stakeholders to advance tailored services, develop multi-sectorial solutions; and inform policy.
Develop a plan of sustainability.
Work in areas of greatest need.
Adopt locally specific approaches.

2.4.3 Contexts for Social Inclusion Interventions

It can be noted, as presented by Walker and Wigfield (2004:30-31), that just as the bioecological theory refers to the circles of influence of child development, so social inclusion theory targets different contextual levels to increase the inclusion of vulnerable groups. The table that follows consolidates the different levels of action and the domains and sub-domains of social inclusion expected at the different levels, as proposed by Walker and Wigfield (2004:30-31). The multi-level terms used to refer to the locations of targeted interventions are slightly different to those of bioecological theory. For example, Walker and Wigfield (2004) refer to neighbourhood and interpersonal targets for action, which the bioecological theory

would describe as micro- and/or meso-interventions. Actions that target labour issues, public services, and private services are referred to as institutional or meso-levels of action, which are referred to as exo-system interventions according to bioecological theory. However, both theories, social inclusion and bioecological, apply the term macro-interventions in the same way as Walker and Wigfield (2004:30-31) to refer to wider interventions such as policy and legislation to address citizens' rights. The similarity between the social inclusion and bioecological theories is that they both identify stressors that impact on family life as situated within concentric circles or spheres that create bidirectional transactions across and between the different levels. The difference between them however is that social inclusion is action-oriented and goes beyond identifying the stressors that impact on family life to implementing some form of social action.

Table 2.2: Contexts for Social Inclusion Interventions

(Walker & Wigfield 2004:30-31)

Levels of social action and policy	Domain	Sub-domain
International/societal (Macro)	Citizenship rights	Constitutions Political rights Social rights Civil rights
Institutional (Meso)	Labour market	Access to paid employment Care leave Support resources Balancing work and family life
	Public services	Health services Housing Education Social Care
	Private services	Transport Financial services Community facilities Leisure services
Neighbourhood (Interpersonal)	Social networks	Friendships Neighbourhood participation Family Life

The principles and context of social inclusion have been discussed. What follows is the relevance of this theory to this study.

2.4.4 The relevance of Social Inclusion Theory to This Study

Psychological and child development literature have paid relatively little attention to social inclusion theory, even though structural factors, family characteristics, and family functioning co-occur. When these are combined with locational disadvantage, it results in social exclusion (Hayes & Gray 2008:4–5). In communities where there is limited social connectedness (social

capital), little interaction or engagement with social institutions (disorganisation), and reduced access to opportunities to participate (social exclusion), family dysfunction thrives. Families require safe, healthy, and supportive environments with strong community and cultural identities to facilitate positive child development and reduce self-harming actions and criminal activity (Hayes & Gray 2008:4–5). It is suggested by both Hunter (2009:56) and McDonald (2011) that child and family services can promote social inclusion by: creating spaces for parents and children to meet with one another; developing friendships and informal support networks; offering opportunities for them to take up leadership roles within programmes; and engaging parents and children in decision making in local matters (Hunter 2009:56; McDonald 2011). This latter point was most important for this study.

The propagation of parenting programmes intended for parents living in poverty has met with criticism. As suggested by Gillies (2005a:70), it is inappropriate to develop policies that motivate parenting programmes for marginalised parents alone, because vulnerable parents require much more than the information and support these programmes promote. She goes as far as to say that parenting programmes are often inappropriate for their needs and undermine their personal efficacy (Gillies 2005a:70). A local critic of the Draft of White Paper on Families in South Africa was Sewpaul (2005:316), who challenged that the poor were being left with the responsibility of dealing with the structural sources of their problems and argued that the “personal deficiency approach” promoted by the Draft White Paper on Families in South Africa was a shallow ploy to shift the blame for the declining moral fibre of South Africa onto poor families.

Social inclusion theory appropriately takes the research process beyond understanding Welbedacht East parents’/ primary caregivers’ perceptions and practices of ‘good enough’ parenting to integrate the core social inclusion principles of developing of a locally specific intervention that would be consistent with the four objectives of the Global Agenda for Social Work (IASSW, ICSW & IFSW 2014) (Gidley et al 2010:134; Shortall 2004:115; World Bank 2015).

It is necessary to explain the link between the two theories to understand how they were combined to develop the theoretical framework for this study. The explanation follows in the next section.

2.5 THE LINK BETWEEN THE BIOECOLOGICAL AND SOCIAL INCLUSION THEORIES

The propositions of the bioecological theory relate directly to social inclusion. Proposition 1 refers to the concrete environment which, according to social inclusion, should provide resources for the parent in the form of markets, services, crisis services, and spaces. The inability to access these compromises the parent's/ primary caregiver's ability to develop a positive proximal process with the child and this compromises the child's development (Proposition 2, Bronfenbrenner 2005:3-12). The stability of the external environment is a factor that influences the proximal process between the parent/ primary caregiver and child. Markets, services, crisis services, and spaces supply parents/ primary caregivers with the resources that keep the child's environment stable (Proposition 3, Bronfenbrenner 2005:3-12). Strong, close attachment between the parent/ primary caregiver and child is highly dependent upon the well-being of both parties. Their well-being is inextricably connected to their ability to access the resources they need for their physical, psychological, emotional, and spiritual well-being (Proposition 4, Bronfenbrenner 2005:3-12). The child and parent/ primary caregiver require safe spaces to enable the child to develop positive interactions with the external environment to advance his/her development and autonomy (Proposition 5, Bronfenbrenner 2005:3-12). Support and inclusion offer the parent/ primary caregiver the necessary assistance to augment his/her parenting practices which further advance the parent's/ primary caregiver's ability to stimulate the child's development (Proposition 6, Bronfenbrenner 2005:3-12).

The five contexts of the bioecological theory are responsible for offering the four key opportunities parents depend upon to promote the well-being of their children: the ability to participate in society through employment and access services; connect with family and friends and the local community; deal with personal crises; and be heard (McDonald 2011). As suggested by Walker and Wigfield (2004:13), social inclusion is also multi-layered and may be experienced at the international or societal (macro), institutional (which they refer to as meso), and neighbourhood level (interpersonal relationships, which according to the bioecological theory would be the meso-system).

Furthermore, the principles of social inclusion augment those of the bioecological theory. They are more action-oriented and consistent with approaches recommended for working with families, as specified by the White Paper on Families in South Africa (2013). The eclecticism of both allowed unique possibilities for analysis (Rogers 2012:867). Whilst not referring specifically to the bioecological and social inclusion theories, Weidenstedt's (2016:1) position that empowerment is best achieved through a combination of making structural changes to

target stressors and applying a social psychological approach that offers agential options to the intended recipients of the changes, demonstrates the value of both theories.

The dual theoretical perspectives assisted in the identification of the changes necessary for improving parenting practices. The bioecological theory was responsible for developing a detailed appraisal of stressors and resources impacting on parenting practices in Welbedacht East, whereas social inclusion principles were applied to include the targeted recipients of the parenting support intervention in the development of the programme. They had to decide on what support services they needed, utilise their strengths in the process, and involve themselves in finding a locally specific solution that suited them. Whilst the research was not intended to directly challenge and dismantle institutional barriers affecting parenting practices (Correa-Velez et al 2010:13), it endorsed participatory community development practices that would enhance the community's sense of control and self-efficacy (Caruna & McDonald 2011:4-5). It is noted that the participants' own views and beliefs should be applied when addressing specific community problems and should be included so that they may influence the community development projects, rather than just being consulted and then receiving the benefits of the project (Khan & Haupt 2006:39).

The following table provides a detailed review of the comparisons and similarities of the two theories to elucidate how they complemented one another to add rationality to this study.

Table 2.3: The Bioecological and Social Inclusion Theories

SUBJECT	BIOECOLOGICAL THEORY	SOCIAL INCLUSION THEORY
Definition	<ul style="list-style-type: none"> - A way of understanding parents and children by looking at four different components that interact with the development of the child: process, person, context, and time. - It draws attention to the different contextual systems (micro, meso, exo, macro and chrono) in which parents and children are situated, noting that these impact positively or negatively on a child's health, well-being, and progress 	<ul style="list-style-type: none"> - The participation of people in decisions or actions that affect them, potentially enabling them to source the resources and opportunities they need to improve the quality of their lives.
Purpose	<ul style="list-style-type: none"> - Promotes a holistic understanding of the complexity of factors contributing to or hindering child development. It broadens insight into the complexity of child development. (The parent-child relationship is the primary engine of child development). 	<ul style="list-style-type: none"> - Facilitates understanding of the influences exerted by external systems that either engage or exclude people from decision making, especially with reference to what affects them personally. - Brings marginalised people back into the mainstream society by including them in decision making that affects their lives.
Core Principles	<ul style="list-style-type: none"> - Challenges the notion that experts are better positioned to guide parents on how to improve the quality of life for their children. - Promotes empowering relationships, emphasising belonging and support as important for healthy development and maximising personal potential. - Emphasises that community support is necessary to strengthen families. 	<ul style="list-style-type: none"> - Upholds principles related to reducing disadvantage; increases social, civic and economic participation; elevates the voices of community to establish needed services and maximise their inherent capacities; and increases community capacity, access and use of any available opportunities. - Promotes empowering relationships, noting that belonging and inclusion are important and lead to the development of social capital. - Emphasises that marginalised communities can be responsible for uplifting their own community.
Assumptions	<ul style="list-style-type: none"> - Highlights the inherent strengths within families to cope with psychological, social, and material conditions that compromise the quality of parenting practices. - Avoids placing the blame for poor parenting on parents/ primary caregivers alone and situates responsibility for the care and protection of children in a wider arena. 	<ul style="list-style-type: none"> - Highlights that marginalised individuals become trapped in "disadvantage" because they are socially excluded and unable to access the resources they require to improve their overall well-being and living standards. It notes that they are not provided with the opportunity to participate in decision making about matters that affect the quality of their lives.

		<ul style="list-style-type: none"> - Social disadvantage should not be attributed to the inner limitations of individuals alone. Rather the focus should be on the contexts that people are situated in and the barriers that exclude them from maximising their personal potential. - Social inclusion is promoted through creating fair, equitable and respectful relationships, facilitating people's access to resources, and including them in designing actions that will foster their own well-being. - It deviates from the inferred judgment that experts are better positioned to advocate what support families require.
Conditions or skills	<ul style="list-style-type: none"> - No mention is made of the conditions or skills required for working with families, because the model frames the way in which child development and family functioning is understood. It is not an action-based theory but is used extensively in research. 	<ul style="list-style-type: none"> - Defines conditions necessary for facilitating social inclusion, because as an action-oriented theory it is preoccupied with promoting action or change, usually in the form of empowerment, which goes beyond understanding.
Relevance of both theories	<ul style="list-style-type: none"> - Well-suited to research involving discovery or exploration, especially when investigating a phenomenon that little is known about. - The five system levels (micro, meso, exo, macro, and chrono) provided a clear structure for exploring the community's perceptions of what is 'good enough' parenting and what impedes or enhances parenting practices in the locally specific context of Welbedacht East. - Used to structure the perceptions of parents/ primary caregivers about what compromised or facilitated their parenting practices and what system level stressors needed to be challenged to enable them to meet the demands of parenting in their locally specific community. - Offered the perspective that even in disadvantaged communities, healthy and supportive relationships slow down the harmful effects of living in adversity. 	<ul style="list-style-type: none"> - Encouraged child and family services to play a key role in promoting social inclusion by creating spaces for parents and children to meet with one another to develop friendships and informal support networks. - Provided parents with opportunities to take up leadership roles within programmes and contribute to decision making in the local community. - Identified the barriers (e.g. physical and practical, social and stigma-related) that minimise a family's ability to access the opportunities it needs for the healthy development and the well-being of children. - Avoided using top-down, expert approaches, because these further entrench marginalisation and social exclusion. - Embraced a strengths-based perspective, enhancing community skills linked to resilience, adaptability, and the benefit of intersectional support. - It combines research with developmental democratic intervention.

This section provided an explanation of the bioecological and social inclusion theories, emphasising their relevance to this research, motivating the value of both for developing the theoretical framework that influenced the research design and development of a parenting support intervention. Evidently from the above table it is acknowledged that whilst the bioecological theory created a framework for facilitating the understanding of the multiple factors that impacted on parenting practices in Welbedacht East, social inclusion theory influenced the way that the locally specific parenting support intervention was developed. It directed the researcher towards adopting a more empowering, human rights approach which should be the hallmark for any social work intervention (D'Cruz & Jones 2014:51; Weidenstedt 2016:1). The application of the principles of social inclusion should become evident in the discussion of the operationalisation of the research methodology and methods in Chapter Four.

The structural understanding of the contextual spheres proposed by the bioecological theory will be expanded upon in the next section. The researcher explores in detail the impact they are said to have on the parent-child relationship, and integrates additional literature related to parenting practices in the discussion, giving particular emphasis to content from the Ecological Developmental Model (Sung & Su 2007); the Child Assessment Framework (Department of Health & Department of Education and Employment Home Office 2000); and the Parent Competency Model (Johnson et al 2014).

2.6 BIOECOLOGICAL CIRCLES OF INFLUENCE AND THEIR IMPACT ON PARENTING

It shall be seen that each circle of the bioecological theory has influence on the parent-child proximal relationship. A diagram is presented to orientate the reader to the structure that the discussion will follow.

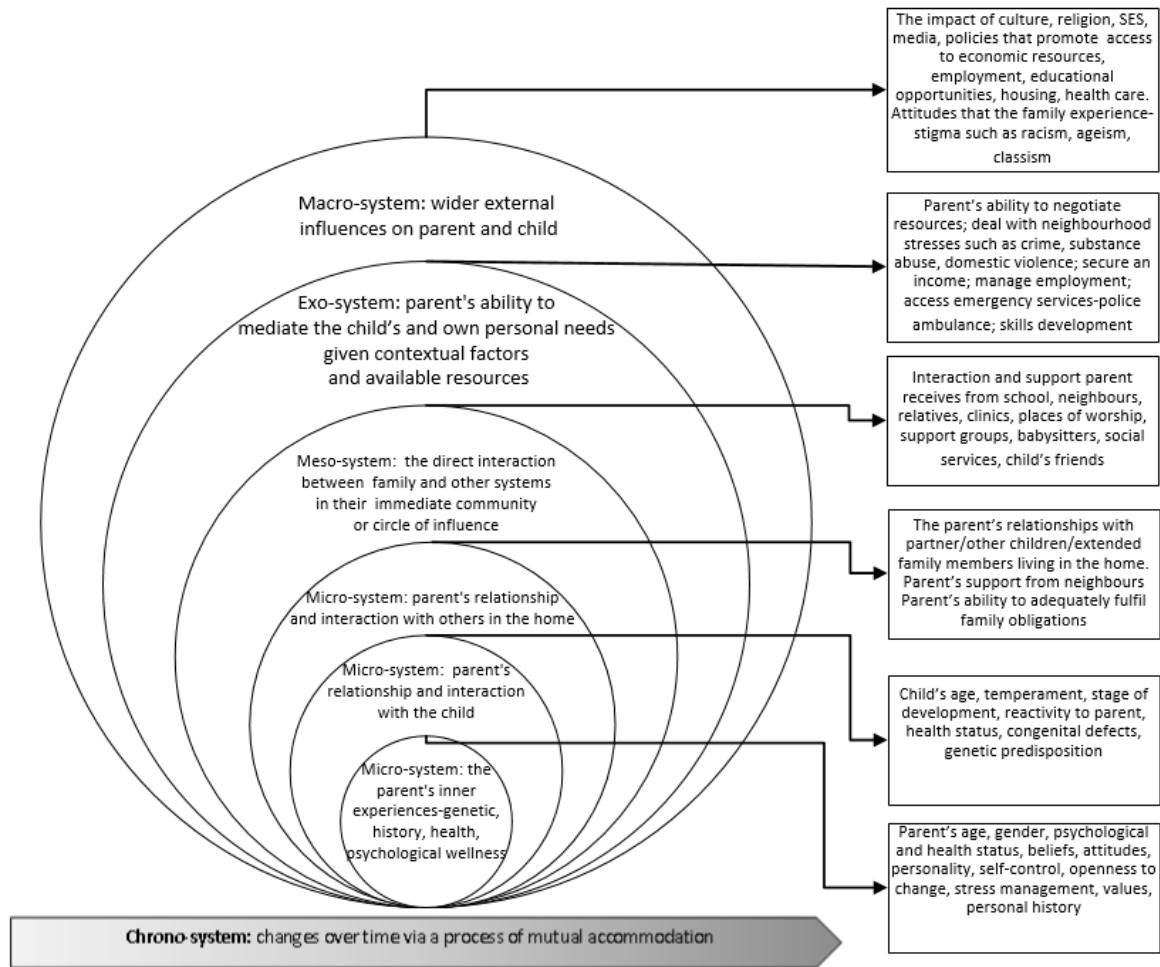


Figure 2.6: Bioecological factors affecting parenting practices

The perspectives offered by the more recent models, namely the Ecological Developmental Model (Section 2.3.5.1), the Child Assessment Framework (Section 2.3.5.2), and the Parent Competency Model (Section 2.3.5.3), are integrated into the diagram of the circles of influence on parenting practices. The diagram concentrically arranges the principal ecological settings, “circles of influence”, in which child development and parenting co-occur (Brendtro 2006:163). It depicts the parent-child relationship as rooted within a meso-system of direct relationships with others, such as extended family and peers (school and neighbourhood). Exo-system influences, such as media, extended family, neighbours, health services, and the workplace, also affect the family. The impact on the child is indirect, because of their impact on one or both parents. A macro-system of values, beliefs, legislation, socioeconomic forces, and culture supports and shapes parenting perceptions and exerts influence on the family. These direct, organise, and affect the ways in which parents care for their children. Environmental events and changes are experienced throughout family life. Each change has some impact on the family. These changes, when grouped together, are referred to as the chrono-system.

A deeper explanation will be given of each ecological context of parenting (micro, meso, exo, macro, and chrono), integrating studies and literature related to parenting. The discussion of the micro-system incorporates psychological theories related to parenting, such as Baumrind's (1971) categories of parenting styles and Belsky's theory of ontogenesis.

2.6.1 Micro-System

This sub-system includes the child and the child's immediate family members or household members, and significant others who interact closely with him/her in relation to where he/she lives (Krishnan 2010:7; Paat 2013:956; Sidebotham 2001:104). The members of this sub-system readily and regularly engage in face-to-face interactions with the child over an extended period of time (Bronfenbrenner 1999:5). Their interactions facilitate or impede the child's development (Eamon 2001:257) according to the way in which the child experiences the patterns of activities, roles, and interpersonal relations. The setting wherein these close interpersonal relationships take place has physical or material characteristics (Lau & Ng 2014:426; Onwuegbuzie et al 2013:4) but is experienced subjectively.

According to Bronfenbrenner, this system has the most immediate and earliest influence on the child (Krishnan 2010:7). Whilst young, the child is totally reliant upon his/her caregivers for meeting his/her needs. Dynamics such as the type of family system, the parenting style that the child experiences, and the child and parents' individual characteristics (Scannapieco & Connell-Carrick 2002:608) determine the amount of stress that the parent, child and other sub-system members experience.

Within the family, the child learns to navigate and fit into society (Brendtro 2006:163) with the parent-child relationship becoming the "driving force of development" (Rosa & Tudge 2013:254). Within these intimate interactions, the child acquires a sense of self, a connectedness to others, and an initial vision of what they want to become as social beings (Derksen 2010:331; Kotaman 2013:39). Ideally the immediate setting should be cohesive, supportive, flexible, and responsive to the child's needs (Paat 2013:967; Swick 2008:149). Others in and outside the family, in conjunction with parents/ primary caregivers, are needed to provide social support. As the child develops, so peers, other family members, and school play a larger role by offering additional support that mitigates stressors that impact the child (Bronfenbrenner 2005:11; Paat 2013:958).

Parental warmth is considered a universal expectation in parenting, whilst abusive or chaotic relations are universally judged as unfavourable. They create fear and distress in children and low self-esteem in parents (Swick 2008:149).

2.6.1.1 *The context of the parent-child relationship*

Social transactions between the parent and child are constant and shaped by internal personality factors of the parent and child, separate from the settings wherein they are situated (Neal & Neal 2013:724). The parent-child context, as proposed earlier, is further subdivided into the contexts of both the individual child and the individual parent, noting the sources of the dynamic interaction that takes place between them (Smith 2011:164). Using the proposed assessment frameworks of Sung and Su (2007) and the London Safeguarding Children Board (2017) that refer to individual child characteristics and parenting capacity, each element of the parent-child relationship will be expanded on, integrating this additional literature.

a) Individual child characteristics

The first context that will be interrogated is the child's individual characteristics (Bronfenbrenner 1999:5; Derksen 2010:331; Krishnan 2010:6). These have been separated into three categories: the individual child's temperament; the child's physical appearance and characteristics; and the child's physical and mental health status, as each of these may affect the parent's responsiveness towards the child.

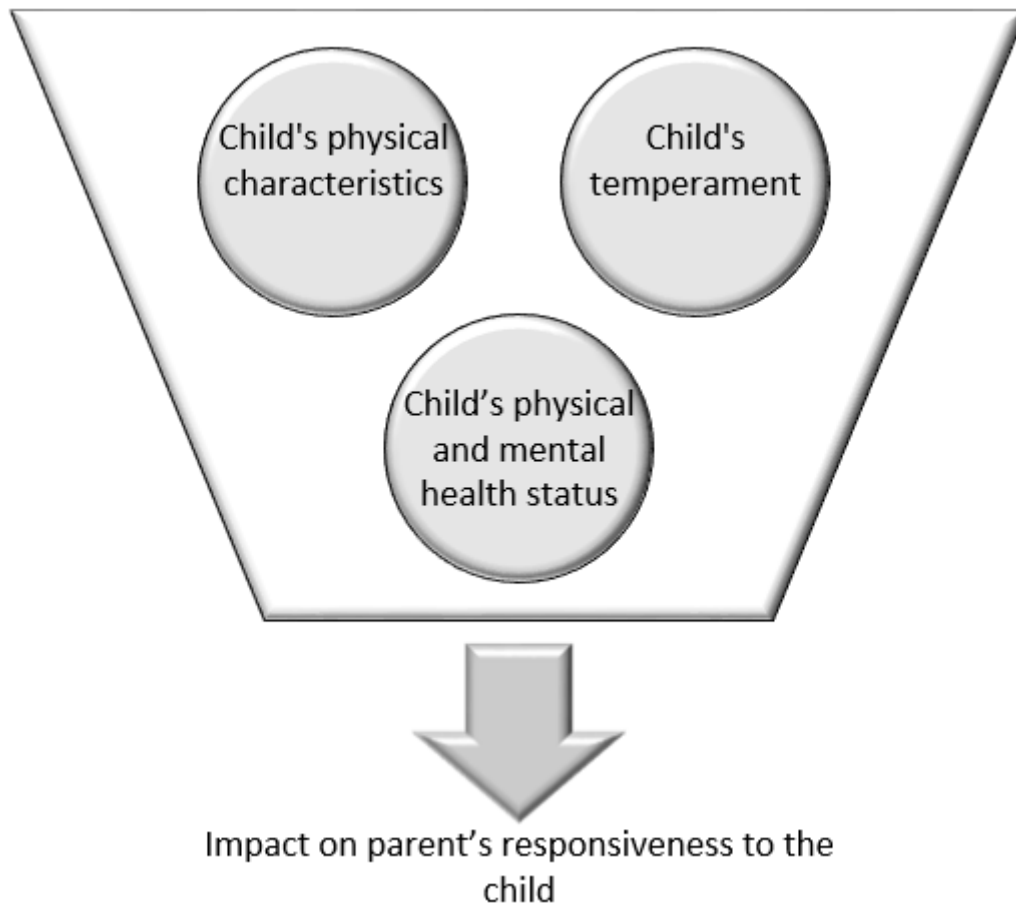


Figure 2.7: Diagram Individual child characteristics that impact on parent responsiveness

- **The child's temperament**

The child's unique disposition influences the nature or quality of the parent-child relationship (Eamon 2001:257; Johnson et al 2014:97; Krishnan 2010:6; Smith 2010:692), because it may generate positive or negative responses from the parent (Rosa & Tudge 2013:253). Positive generative forces linked to child behaviours include the child's curiosity, ability to initiate and engage in activity alone or with others, his/her positive reactions to the initiatives of others, and his/her ability to delay immediate gratification for later, greater good. Negative child generative forces are the antithesis of these and include characteristics such as impulsiveness, volatility, distractibility, aggressiveness, and violence. The reactions the child receives from the social environment further affect parental responsiveness, so if the child is constantly in trouble with others, the parent may be less accepting of him/her. A child's personality may simply be adversative to the parent's (Scannapieco & Connell-Carrick 2002:607). For example, the child may be active and the parent passive, which creates tension.

Problems may also present if, for example, the child reminds the parent of the other parent who is no longer in the home (Scannapieco & Connell-Carrick 2002:607). A local study suggested that parents' knowledge of the nature of the child's temperament was generally poor which created parent-child clashes (Jansen van Rensburg, Strydom & Grobler 2015:344). The researchers noted that through imparting information on this they could successfully alter the way parents interacted with their children (Jansen van Rensburg et al 2015:344). This was relevant to the plan to develop a locally specific parenting support intervention to improve parenting practices through this study.

- **The child's physical appearance or characteristics**

Biological factors that the child has no control over such as age, developmental level, skin colour, and attractiveness or unattractiveness are known to affect parental responsiveness (Eamon 2001:259; Johnson et al 2014:98; Krishnan 2010:6; Rosa & Tudge 2013:253). Bio-behavioural synchrony is a term used to explain such human attractions (Feldman 2012:154).

- **The child's physical and mental status**

A parent's responsiveness is affected when a child experiences disability, chronic illness, or mental challenges (Eamon 2001:259; Krishnan 2010:6; Scannapieco & Connell-Carrick 2002:607). Authors Rosa and Tudge (2013:253) refer to these as negative resource characteristics and provide specific examples such as genetic defects, low birthweight, physical handicaps, severe and persistent illness, and brain damage.

Having addressed the child's individual characteristics, the focus will be shifted to the parents' capacity.

b) Parental capacity or process

This area has been the subject of much research and is closely linked to the topic of the study, namely 'good enough' parenting. The word "capacity" suggests parents need to possess a basic capacity to execute the 'good enough' parenting practices advocated. The Child Assessment Framework proposes that parenting demands certain psychological competencies from the parent to be able to provide basic care for the child, ensure their safety, demonstrate emotional warmth, stimulate the child's development, offer guidance and set boundaries, and create stability (Crawford 2011:25). These may include a combination of insight and knowledge (Crawford 2011:18). The elements that shape a parent's capacity to parent that are prominent in literature emphasise: parent individual characteristics,

ontogenesis, and the parent's attitudes, beliefs and parenting style. According to Johnson et al (2014:105), parental capacity requires foundational competencies. Their perspective will be discussed in the next section.

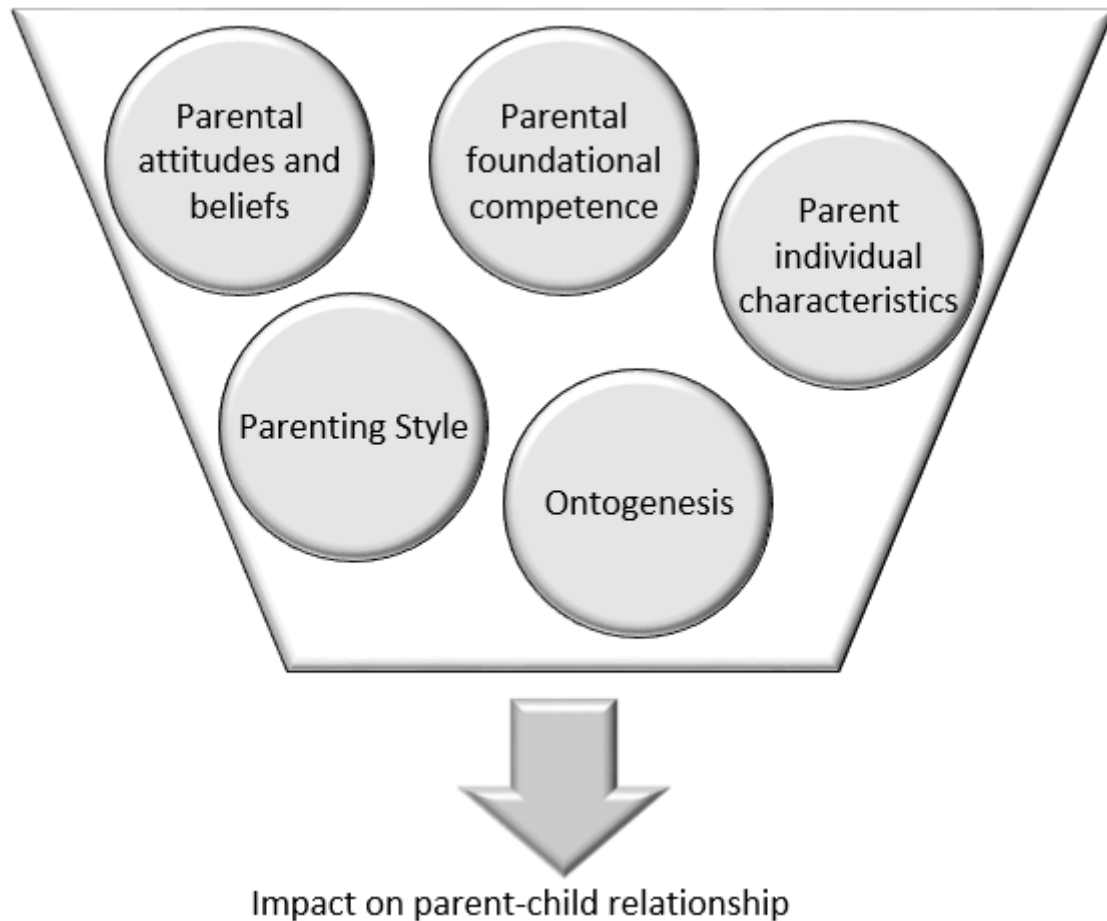


Figure 2.8: Parental characteristics that impact on the parent-child relationship

- **Parent individual characteristics**

A parent has a set of personal attitudes, beliefs, and a “way of being” that influences the way he/she parents (Azar & Cote 2002:193-227; Azar, Lauretti & Loding 1998:77-100; Crawford 2011:19). Personality characteristics positively associated with competent parenting include the parent's ability to relate positively to others; delay instant gratification to achieve long-term goals; tolerate frustration; demonstrate a well-defined moral code that restrains them from harming others; apply skills and knowledge to create a balance between loving the child and limiting the child's negative behaviour and demands; and foster community relationships that promote the child's social inclusion. Parental ability to adapt to the changing needs and circumstances of their child is also

recognised (Azar & Cote 2002:210; Azar et al 1998:95) and will be expanded upon and further sub-divided into three separate categories: perceptiveness, responsiveness, and flexibility (Crawford 2011:19).

The parent should perceive what is happening around the child, the effect they have on the child, and the child's experiences. Responsiveness suggests connecting with the child, identifying the child's needs, and demonstrating the appropriate affection. Flexibility suggests that the parent can adjust personal reactions to respond appropriately to unexpected situations they may face (Crawford 2011:19).

The Parent Competency Model (Johnson et al 2014:105) proposes different competencies: personal knowledge, and specific attributes and abilities which they refer to as "foundational parenting competencies". The term suggests that effective parenting cannot be performed unless parents have a core foundation on which to ground other parenting competencies. The three sub-categories, namely knowledge, psychological health and self-help, will be explained briefly. The authors mention many specific general behavioural anchors for each sub-category that will be mentioned in brief.

The first foundational parenting competency is knowledge. The authors Johnson et al (2014:105) advise that parents need basic knowledge in several areas: child development, healthcare, parenting, basic maths and reading, and problem-solving. The second foundational competency is psychological health, which includes positive parenting beliefs, attitudes and perceptions, and an openness to the perspectives of others. Psychologically healthy parents are wise enough to accept that their child's perspectives will differ from their own without feeling threatened. They should be willing to seek treatment when others express concern about them, demonstrate adequate impulse and anger control, and be capable of giving appropriate expression to their personal thoughts and feelings. Having a positive self-concept means they are not threatened when others offer positive parenting advice, because they are realistic about their limitations as a parent (Johnson et al 2014:114). The final sub-category, self-help, prescribes that a parent should be able to acknowledge the need for help when factors negatively impact on their parenting capacity (such as when they experience problems with the child, their parenting skills, time or external factors) (Eve et al 2014:114). As parents, they are expected to manage stress effectively to prevent it from contaminating their caregiving role. Positive standards of personal hygiene are expected, as well as a willingness to seek appropriate care/treatment when physical conditions impede their ability to care for themselves and/or the child. Finally, parents should participate in social

networks which include friends and/or family members for support to enable them to fulfil their parenting practices and satisfy some of their emotional needs.

It is noted that parental mental health issues such as the inability to respond to the child's need, delusional thinking, poor anger-management, lack of support from another responsible adult, own early childhood experiences, substance abuse, and physical and cognitive limitations must be managed so they do not interfere with their parenting practices (Azar, Nix & Makin-Byrd 2005:46; NSPCC 2014). The parent's personal early childhood experiences will be discussed under the section of ontogenesis.

It is strongly contested by some that these characteristics are not relevant to all parents, because many of these are culturally biased (Azar & Cote 2002:196; Le, Ceballo, Chao, Hill & McBride-Murry & Pinderhughes 2008:164; Weisner 2010:214).

- **Ontogenesis**

This concept was developed to explain the parental intergenerational continuities commonly witnessed in families (Mapp 2006:1293; Schofield, Conger & Neppl 2014:973; Sidebotham 2001:104). It was developed by Belsky (1980), who tried to explain how parents' experiences of their childhood and being parented themselves influenced the manner in which they parent their own children (Crawford 2011:25; Woodcock 2003:93). Based on this perspective, Scannapieco and Connell-Carrick (2002:605) suggest that abusive behaviour, or an inability to form attachments with the child, or the parent's responses to their current micro-, meso-, and/or exo-system environments are potentially caused by the parents' early personal life experiences. For example, patterns of parenting such as the amount of emotional control demonstrated, the manner and extent of boundary setting, and the execution and methods of discipline are mirrored and replicated by one generation to the next (Crawford 2011:25; North 2013:25; Woodcock 2003:93). When the parent fails to symbolise early experiences (North 2013:25), they overlook the presence of these within their poor parenting behaviours that they direct at their children (Budd & Holdsworth 1996:6). The review of studies undertaken by Mapp (2006:1293-1294) suggested that 33 per cent of physically abused children carried over the abuse to their own children. However, this research made an important observation: it was not the experience of abuse that predicted the transferred abuse, but rather whether the parent had adequately resolved their personal trauma and/or developed an internal locus of control. In the conclusion of their article, Scannapieco and Connell-Carrick (2002:605) note that it is too simplistic to blame the parent's own history of childhood abuse for the perpetuation of this pattern in the next

generation. However, it serves to alert one to parental experiences that may potentially influence their responses to some situations at some point in time. The cited authors in this section concur that the majority of people who were maltreated do not develop into child abusers themselves (Mapp 2006:1293-1294; Scannapieco & Connell-Carrick 2002:605).

Ontogenesis was important to this study because of the reported patterns of intergenerational neglect observed within families in Welbedacht East which led to them being labelled by community champions as “multi problem families”.

- **Parenting style**

Studies on parenting competence began in earnest in the 1970s when Baumrind proposed four important parenting elements: parental control, clarity of parental communication, parental maturity, and parental nurturance directed at the child (Moran & Weinstock 2011:168). In developing this perspective, Baumrind propositioned that there are three different parenting styles: authoritarian, authoritative, and permissive (Azar & Cote 2002:196; Baumrind 1971:22-23; Johnson et al 2014:95; Kotaman 2013:41; Ramaekers & Suissa 2012:76; Smith 2011:158). Each related to different levels and combinations of patterns of parental styles presented by parents, such as encouragement/warmth and controlling/demanding behaviours, with parental warmth being the key element of authoritative parenting (Le et al 2008:165).

Subsequently, Maccoby and Martin have further subdivided the permissive parenting style into indulgent and neglectful (Johnson et al 2014:95; Ramaekers & Suissa 2012:76).

Permissive and authoritarian parenting styles are presented as having the least favourable outcomes, with authoritative parenting styles as having the best outcomes (Azar & Cote 2002:196; Johnson et al 2014:95; Kotaman 2013:41). These styles are presented in the table that follows, noting the characteristics and outcomes of each, as discussed in the literature. This is done with reservation, because there is a lack of evidence that these styles encapsulate all cultures. The sources consulted and their contributions as consolidated in the table include publications by Azar and Cote (2002); Johnson et al (2014), Kotaman (2013), North (2013), Ramaekers and Suissa (2012), Rossouw and Oosthuizen (2013), and Smith (2011). The researcher's reservations about using parenting styles as a means of assessing parenting and its inappropriateness for this study will be discussed. It was decided to include the parenting

styles in this discussion because they feature prominently in parenting literature. Some studies associate certain styles of parenting with certain cultures or religious groups, as will be discussed.

Table 2.4: Baumrind's parenting styles and their outcomes

	Characteristics of authoritarian style	Characteristics of authoritative style	Characteristics of Permissive style
Structure/ control	High level control over their children. Parents consider themselves as the authority figures. Fixed rules and standards that are not negotiable. Limited explanations are given for the rationale behind the rules or the reasons for the orders given. Harsh and punitive practices are used to enforce rules.	Moderate to high levels of parental control. Parent creates structure in the child's life. Parent uses modelling to shape the child's behaviour. Parent monitors child using encouragement rather than enforcement of desired behaviours.	Non-controlling. Absence of limit-setting. Minimal discipline. Parent does not impose their value standards and rules on the child. Rules may be discussed, but there is an absence of traditional disciplinary techniques. Child has more rights than responsibilities.
Warmth/ support	Low levels of nurturance. Parents are emotionally detached. Parents put distance between themselves and their children.	High levels of parental warmth. Nurturing behaviours can be observed. Parent is loving, affectionate and caring. Parent is responsive. Parent provides protection.	Relative warmth towards child. High levels of nurturance. Appreciates and rewards the simplest of achievements.
Autonomy	Parents are directive. Parents do not offer the child choices. High parental demands are made on the child. Parental expectations are not based on the child's individuality.	Parent guides the child towards autonomy. Parents' demands are moderate. Parent has realistic expectations of child appropriate to the child's level of maturity. Parent encourages the child to tackle developmentally appropriate challenges Parent provides guidance often. Parent develops child's thinking and rationality. Makes sure that the child carries out his/her responsibilities. Parent positively encourages child.	Non-demanding. Makes low demands on child in relation to the child's maturity level. Allows the child to make his/her own decisions. Misconceptions about the freedom that children should be allowed when making decisions. Makes no effort to shape the child's insight. Treats the child as fully mature individual. Tries to meet all demands and desires of the child

Communication	Limited communication between parent and child.	Communication is clear. Parent uses reasoning, rationalising and explaining.	High clarity of communication.
	Outcomes of authoritarian style	Outcomes of authoritative style	Outcomes of permissive style
	<p>Negative impact on the child's sense of self.</p> <p>Toddlers struggle to develop self-regulating skills.</p> <p>Avoidant attachment patterns noted in middle childhood and adolescence.</p> <p>Child has difficulty in making independent decisions.</p> <p>Child is motivated by an external locus of control and easily introjects the values of others.</p> <p>Child fails to take responsibility for his/her actions.</p> <p>The child is likely to present with a higher level of delinquency.</p>	<p>Higher sense of self-esteem.</p> <p>Associated with best psychosocial outcomes.</p> <p>Presents as a securely attached child.</p> <p>Child well-prepared for school readiness.</p> <p>Demonstrates instrumental competence.</p> <p>Academically a higher achiever.</p> <p>More curious and interested in learning.</p> <p>Likes to solve problems independently.</p> <p>Likes to attempt purposive and challenging tasks.</p> <p>Friendly towards peers.</p> <p>Cooperative towards adults.</p> <p>Lower levels of substance abuse.</p> <p>Lower levels of delinquency.</p>	<p>When child is placed in a restrictive environment outside the home he/she is unable to cope.</p> <p>Higher frequency of substance abuse, smoking, and alcohol abuse.</p> <p>Child fails to learn to say no.</p> <p>Child more likely to underperform at school.</p> <p>Eating disorder symptoms manifest.</p>

Several criticisms have been raised about using these parenting styles for categorising parenting practices.

It is argued that Baumrind's work was based on a narrow database which raised doubts about the representativeness of the findings (Azar & Cote 2002:197).

Relying on three styles to describe parental behaviour is an oversimplification of parenting (Holden & Miller 1999:248; Ramaekers & Suissa 2012:76). The parenting styles fail to take other factors that influence parenting into consideration, such as the child's temperament, age, gender, ethnicity, SES, neighbourhood, external resources, culture, and religion (Abar, Carter & Winsler 2008:261; Azar & Cote 2002:197).

As noted by Azar and Cote (2002:196), Baumrind's parenting styles are based on a predominantly Western, middle-class, nuclear family perspective (Azar & Cote 2002:196) and, as Smith (2011:158) adds, are more relevant to a White population. Parents who do not fit this description are more likely to have their parenting styles judged as unfavourable (Azar & Cote 2002:197). Cultural differences noted in literature are emotional expression, parental control, and parental monitoring (Le et al 2008:164-166). The authoritarian parenting style was found to be more prevalent in African American communities (Reitman, Rhode, Hupp & Artobello 2002:125) and Orthodox Jews (Ramaekers & Suissa 2012:76). The findings in these studies are questionable, because they failed to isolate contextual variables.

The categories offer a restrictive perspective of parenting. It is improbable that a parent will consistently operate according to one parenting style. Realistically, parents are required to adjust their style and methods to suit the individual child, the child's developmental stage, and contextual factors (Holden & Miller 1999:248; Ramaekers & Suissa 2012:76).

In comparison, the bioecological theory emphasises how the combination of process-person-context-time impacts upon the parent-child proximal process. It provides a more holistic perspective of parenting. For these reasons, the researcher chose not to focus on parenting styles in this study. The intention was to stay as close to the parents'/ primary caregivers' own meanings of parenting, their parenting experiences, and their parenting practices.

- **Parental attitudes/beliefs**

Parenting is shaped by beliefs, such as the parent's perceptions about their personal performance as a parent, their experiences of the parenting they themselves received, their personal expectations, their knowledge about children in general (the developmental process and what they should be like), and their ideas, goals and values about child caregiving (Azar et al 2005:45; Smith 2011:158). These are internalised through their participation in multiple social contexts that impose norms and ideals (Assarsson & Aarsand 2011:78). They become fixed, developing into parenting schemas that shape the parent's interpretations and responses in most child caregiving scenarios (Azar et al 2005:45).

Culture mediates many of the parenting behaviours (Azar & Cote 2002:45). It is noted by Weisner (2010:217) that although Bronfenbrenner originally positioned culture in the macro-system of his nested theory, he later realised that it influenced a person's interactions with different social arenas at different levels (Rosa & Tudge 2013:254). In the macro sphere, it was too far removed from the everyday settings in which the cultural scripts, values, and goals were lived out. Hence the researcher has located culture in the micro-level in her discussion.

In a similar vein, religion influences how parents raise their children. Religions shape values, attitudes, and the ways people approach their relationships (Horwath & Lees 2010:88). In some publications it is suggested that religious parents tend to be authoritarian in their approach to parenting, and demand submission and compliance from their children (Horwath & Lees 2010:89). However, other studies refute this (Gunnøe, Hetherington & Reiss 1999:199; Wilcox 1998:796; Wilcox 2002:780). Religion is a variable similar to culture, as on a broad scale it is situated in the macro-system, but manifests in the micro-system where the child and parent interact.

Other mediating influences on the development of parenting beliefs and attitudes are: generation, level of acculturation of ethnic minorities in a neighbourhood, gender, education, and access to economic resources (Azar & Cote 2002:206; Smith 2011:159)

This section intended to identify personal factors associated with parents that impact on parenting practices. The personal factors that were mentioned were parental attitudes and behaviours; parental foundational competence; parental individual characteristics; parenting style; and ontogenesis. They serve as a precursor to Chapter Three. The factors that are

situated outside of the parent-child relationship, but that are considered to be situated within or impacting upon the micro-system, will be discussed next.

c) The family context situated in the micro-system

The positive development and well-being of the child further rely upon other positive proximal processes that occur within the immediate setting wherein the parent and child interact, for example: living in a home free of family discord (Sung & Su 2007:4; Van Mourik, Crone, Pels & Reis 2016:347), and an environment that offers structure, routine, adequate space, sufficient time for families to be together, and opportunities for participation in family rituals and ceremonies (Weisner 2010:213). These too should be considered as micro-system influences.

- **The impact of SES and ethnicity on the parent-child proximal process**

It is suggested that parental warmth varies across socioeconomic status and ethnicity. Parents of lower SES backgrounds who belong to ethnic minority groups are reported to express lower levels of warmth towards their children (Hill & Adams 2005; McLoyd 1990:311; Pinderhughes, Dodge, Zelli, Bates & Pettit 2000). The study conducted by Ceballo et al (2008:224) found that SES factors were mostly associated with differences in parental warmth, use of behavioural control, psychological control, parental monitoring, and family communication patterns, but not parental efficacy. Other authors (Cauce 2008:227; McLoyd 1990:311) dispute the link to ethnicity, stating that an overemphasis specifically on contextual variations of parenting styles are speculative and based on anecdotal evidence. They note that such studies overlook the more pressing concerns of economically deprived parents.

The article written by McLoyd (1990:311), whilst dated, offers valid perspectives that coincide well with the notion of the bidirectional process that occurs between the external environment and the proximal process between parent and child. She states that Black parents of lower SES experience a disproportionate amount of poverty. This reduces their capacity to be supportive to their children, because they have to contend with many negative life experiences that come with several debilitating effects at once. Poverty exposes them to higher levels of psychological stress that develops into other harmful life events and chronic conditions. This is supported by Botha-Verhage and Jacobs (2017:201) who note that parents of lower SES experience more stress because they have to contend with multiple challenges, including difficulty in accessing employment opportunities, living in overcrowded and poorly resourced spaces, high levels of poverty, and social challenges such as intimate partner violence, substance abuse, low levels of education, and early pregnancy. The child's exposure to economic hardship negatively

affects their socio-emotional functioning in part, which further affects the parents' reactions towards the child (McLoyd 1990:311). McLoyd's views are supported by Le et al (2008:169), who question whether ethnic variations in parenting practices are due to differences in underlying cultural values or to their shared experiences of living in contexts they cannot control.

Families living in unsafe neighbourhoods, regardless of ethnicity, are known to express less warmth than other families because they depend on physical punishment as a management technique to coerce their children's obedience, which in the long run protects them from neighbourhood threats (McLoyd 1990:323). The study conducted by Ceballo et al (2008:223) confirmed that whilst parental practices such as strict monitoring and firm disciplinary practices had been linked to ethnicity (African American), they were recognised as a protective response by parents to safeguard their children from the contextual realities of living in high-risk neighbourhoods. It is noted by Botha-Verhage and Jacobs (2017:203) that there is limited information about how mothers living under stressful circumstances in South Africa manage, even though low socioeconomic environments (LSEEs) are known to impact on emotional well-being and motivation.

Concerns raised by a group of parents of low SES who participated in a study in the Netherlands indicated that their stress was typically caused by insufficient finances and poor partner relationships, which ultimately led to poor maternal mental health (Van Mourik et al 2016:347).

The international studies discussed have focused on vulnerable parents who belonged to ethnic minority groups. In the South African context, the largest sector of vulnerable people in South Africa are indigenous people. By implication it points to larger numbers of socioeconomically deprived families.

A South African study conducted by Ben-David and Nel (2013:418) examined the problem of children with physical difficulties living in rural areas to understand their stressors and the inequalities that impacted on their family life. The findings were as follows: there was a high prevalence of single parent families; the families were geographically scattered, which created few opportunities for contact with extended family members and caregivers; the families had few resources, such as games and books, with which to engage with their children; and the children's entry into school was delayed until the age of seven (when it became compulsory for them to attend school).

Because of their late entry into school, psychosocial and physical developmental delays were detected later and therefore were more difficult to correct. There was a lack of early childhood development centres which made it difficult for mothers to leave their children when they wanted to go out and find work. Parents who were unable to fulfil their family role obligations suffered high levels of emotional stress. Extremely poor nutrition was observed, with children often relying on the one meal a day provided by the government's feeding scheme in the schools (Ben-David & Nel 2013:418). Parents suffered depression and did not know where their next meal would come from. Lack of airtime meant that they were socially isolated. HIV/AIDS placed great stress on affected families (Ben-David & Nel 2013:421). There was a high rate of alcohol abuse and a rampant rate of children born with Foetal Alcohol Syndrome. Many of these findings have been confirmed by Bray (2015:92) who noted that in 2011, 58 per cent of South African children were living in households that had a monthly income of less than R604 a month. High levels of unemployment and increasing stress within their households threatened their families and resulted in their dispersion and rearrangement, with AIDS-related mortality further contributing to this phenomenon (Bray 2015:92). As discussed by Hapunda et al (2017:14), low income levels impact on how household money is spent on foodstuffs, which has deleterious consequences when trying to manage a diabetic child.

As discussed by Botha-Verhage and Jacobs (2017:213), women living in LSEEs suffered anxiety and feelings of incompetence, which led to their withdrawing from their children and others, having low energy levels, and being critical of their parent-child interactions. The poor mental health and compromised coping strategies among parents and caregivers result in further problems that affect the children in their care, contributing to their neglect and abuse (Bray 2015:93). When economic hardship and parental stress are prevalent, Paat (2013:959) points out that parentification of the child is common. As the child takes on more and more parenting functions, the nurturing that they should be receiving from the parents is forfeited.

The findings of Ben-David and Nel (2013), Botha-Verhage and Jacobs (2017), Bray (2015), and Paat (2013) are very descriptive of the social realities observed in the Welbedacht area. These suggest that external factors impact on the parents/ primary caregivers, affecting the quality of parenting practices that children receive. The findings highlight the bidirectional impact of the environmental influences on the individual parent/ primary caregiver, which compromises the proximal process between parent/ primary caregiver and child and ultimately the child's well-being. The burden of trying to

care for children without the resources to do so rests squarely on the shoulders of parents/ primary caregivers alone, because the Child Support Grant (CSG) is insufficient to make a difference. This suggests that interventions to strengthen families may need to extend beyond parenting programmes to target the stressors situated in the broader social systems. Having discussed the micro-system context in detail, the researcher will focus on the broader environmental contexts wherein the parent-child relationship is situated, namely the meso-, exo-, macro-, and chrono-systems. These cascade into the parent-child relationship.

- **Expanding outwards beyond the family to explore the influences of other environmental contexts**

The damaging effect of contextual environments on child development is well-researched. Children who experience risk factors linked to poverty, prejudice, inequity, and family instability are compromised in terms of cognitive and language development, as well as later academic performance, and present more behavioural and emotional disturbances (Crawford 2011:25; Smith 2010:690; Sung & Su 2007:9). Factors such as maternal IQ, minority ethnic status, household size, single parent families, stressful life events, and authoritarian parenting are said to reduce child well-being (Johnson et al 2014:97). This creates a double-edged sword for disadvantaged groups. Indigenous people, immigrants, refugees, the poor, disabled persons, and minority populations frequently fall victim to unfavourable environmental contexts. Where they are situated unfairly categorises them as 'risky' parents, because of their inability to control the numerous external factors that surround and affect them (Choate & Engstrom 2014:370-371; Woodcock 2003:101).

Both the child assessment triangle and Johnson et al's (2014) model emphasise the role that environmental contexts play on parenting. The child assessment triangle reserves the third axis to refer to environmental factors, listing family, peer, school, and community relationships as significant environments for consideration (Crawford 2011:24; Horwath & Lees 2010:83). The framework emphasises that parenting capacity is context-driven and therefore practitioners should always examine variables outside the parent-child relationship, such as the quality of available community resources, the degree of family integration, social inclusion, the family's economic resources, parental employment, housing, wider family support, and family history and functioning (Crawford 2011:19; Horwath & Lees 2010:83).

The developers of the Parent Competency Model, Johnson et al (2014:104), refer to the “contexts” wherein parenting is situated as facilitating or hindering the parent’s competence. They separate these factors into three categories. Firstly, environmental contextual influences that impact on parent-child interactions, such as noise levels, the fit of the environment to the child’s best interest, access to supportive facilities in the neighbourhood, and suitability of housing. Secondly, parent-related contextual factors, such as teenage parenthood, parental stress, and discord in the relationship between parents (according to the bioecological theory these would be positioned in the micro- or in some instances the meso-system). Finally, the overarching context itself, which includes SES, education, and prevalence of substance abuse (Johnson et al 2014:97). They acknowledge that cultural and ethnic differences in parenting shape parental perceptions, beliefs, values, and goals about parenting (Johnson et al 2014:98-99), as discussed under the micro-system.

Environmental contexts become disabling when issues that the parent has to deal with exceed the parent’s personal resources and/or the environmental resources that the parent needs to cope with a situation (Chang, Decker & Scott 2018:141). Prolonged challenges without solutions create emotional and psychological disturbances associated with parental stress (Chang et al 2018:141) and these interfere with the parent’s ability to be responsive to the child’s needs in the four domains: physical and safety; emotional and psychological development; cognitive development and education; and social development and behaviour. Parents respond to these by adopting coping strategies or accessing additional resources. Their coping strategies may be either positive or negative. An example of a positive coping strategy is the parent’s willingness to seek assistance from a counsellor in times of trouble. Examples of dangerous coping strategies are substance abuse, intimate partner violence, and parental withdrawal. They further diminish the quality of care that the child receives (Chang et al 2018:141).

Understanding the environmental stressors of parents (distal processes) situated outside the parent-child relationship was key to developing a contextually and culturally relevant parenting support intervention for the Welbedacht East community. The remaining environmental spheres or ecological sub-systems, namely the meso-, exo-, macro- and chrono-systems, will be discussed to understand the multiple influences they exert on parent and child well-being. The bioecological theory is widely referred to in child-development and neighbourhood literature as a useful method for organising this detailed information (Guhn & Goelman 2011:213).

2.6.2 Meso-System

The interconnection between two or more microsystems in which the developing child participates constitutes the meso-system (Ben David & Nel 2013:412; Eamon 2001:256; Krishnan 2010:8; Lau & Ng 2014:426; Onwuegbuzie et al 2013:4; Paat 2013:956).

A famous African proverb advises that “it takes a village to raise a child”. Whilst the origin of this proverb cannot be located, it suggests that several people situated within the child’s setting are needed to support the child and assist the parent to fulfil parenting functions to safeguard the developing child’s well-being (National Public Radio Incorporated 2016). Experts, too, assert that the parent-child relationship is best when bolstered by support from others (Bronfenbrenner 2005:10-11; Sharp 2012), because strong ties between families and other groups are a source of social capital (Paat 2013:959). With significant neighbourhood connections, such as youth clubs, and church, family, school and peer groups, the family is able to access support, and formal or informal mentoring. When working in harmony, these connections instil positive values which promote the well-being of children (Brendtro 2006:163; Paat 2013:960; Trawick-Smith 2006:56). However, when these relationships are in conflict, it makes life difficult for the child (Brendtro 2006:163).

The most significant and sustainable contribution these extended relationships provide is the sense of connectedness that they offer the family (Weisner 2010:218). As noted in McLoyd’s (1990:322-323) early study, social inclusion is a powerful mitigating factor for those living in undesirable neighbourhoods. When social support is high, parental responses to the needs of their children are more prompt; parental communication is more direct, clear and effective; and parents who are under pressure are more willing to seek assistance from extended family members (McLoyd 1990:322-323). She further stated that the more frequent exchanges between neighbours increased child supervision levels, because parents shared a greater interest in the welfare of the local children. They worked together to create a better neighbourhood. Finally, she observed that parents who had social support were more likely to access assistance in emergency and non-emergency situations than those who are without it.

Parental feelings of insecurity intensify in situations of minimal support (Van Mourik et al 2016:347). Hence, community resources, family integration, and social inclusion act as buffers against the harsh external environment that challenges the parent-child relationship (Crawford 2010:24). Places of worship are sources of support to parents too, especially single parents (Bronfenbrenner 2005:11; Crawford 2010:83).

School provides more than education for those children who attend (Khanare & De Lange 2017:1). It serves to nurture, support, and protect children (Khanare & De Lange 2017:1). Within Eurocentric contexts, partnerships between parents and schools are prized (Bywater & O'Loughlin 2016:77; Johnson et al 2014:103-107) and middle-class parents with social and economic resources value the educational development of their children highly (Gillies 2005b:844). In contrast, Black participants living in rural areas in Ben-David and Nel's (2013:419) South African study lacked the daily contact required to develop relationships between the home, school and the child's peers. Similarly, in her European study, Gillies (2005b:842) found that parents from LSEEs had limited access to resources and concentrated on helping their children to negotiate the disadvantages and challenges of their daily existence, rather than fostering these partnerships. In a well-resourced South African school, Dreyer (2015:109) investigated the parents' experiences of dealing with their children who had been diagnosed with reading difficulties. She reported a lack of collaboration between teachers and parents, describing their relationships as unequal (Dreyer 2015:109). Amongst the examples that she gave were that the school made independent decisions about children without consulting the parents, and parents complained that they received limited guidance from the school on how or what they should do to assist their children. It is therefore noted that positive school-parent partnerships are not always prevalent.

HIV/AIDS is a common social reality in South African family life and Ben-David and Nel (2013:422) found that because of the high death rate linked to AIDS, many of the children in their study had lost valuable support from others outside the main home. Being a stigmatised medical condition, HIV/AIDS socially isolates and excludes families (Ben-David & Nel 2013:422; Van Dyk 2008:131). A similar observation was noted about the lack of social support for children with diabetes in KwaZulu-Natal, even though one expects diabetes to carry a lesser stigma. Social support is critical for the psychosocial well-being and healthcare of diabetic children (Hapunda et al 2017:14).

To summarise, the micro- and meso-systems are the immediate systems in which the parent and child are embedded, and they have the greatest impact on the child's development, because the child is in direct contact with them (Brendtro 2006:166). Persons in this sphere or circle of influence are mostly the child's primary carers for the first six years of their lives (Rossouw & Oosthuizen 2013:1).

The next section discusses distal processes and their impact on parenting practices. The specific ecological spheres or circles of influence include the exo-, macro- and chrono-

systems, as they impact on the parent's ability to access the resources required for promoting the well-being of the child.

2.6.3 Exo-system

The exo-system refers to elements of the wider system that the parent/ primary caregiver interacts with directly, but not the child (Ben-David and Nel 2013:413; Krishnan 2010:8; Lau & Ng 2014:426; Onwuegbuzie et al 2013:5; Paat 2013:956; Trawick-Smith 2006:57). The elements of the exo-system affect both the parent and the child, and the outcomes of child's development and well-being (Scannapieco & Connell-Carrick 2002:609; Sidebotham 2001:104). "Neighbourhood" is in this sub-system, together with the resources and networks of support that the family's immediate surroundings have to offer. The socialisation and schooling of the developing child are strongly influenced by this sphere (Eamon 2001:260; Paat 2013:960).

Eamon (2001:260) proposes that there are two main sources of influence within this sub-system: social support networks and community environments. The ability to access these translates as social inclusion.

Social support networks refer to relationships that the parent/ primary caregiver forms outside the family, such as kin, neighbours, friends, and employers. They add capacity to the parent's parental functioning, often providing emotional and/or material support which helps to alleviate the effects of parental stress (Eamon 2001:260). The second source of influence is social inclusion. It links the parent with others who are connected to other networks that offer resources and/or opportunities that the parent needs and would not know about unless connected to this wider social network (Paat 2013:960). Social integration and inclusion strengthen parenting practices, because they foster collective parenting and reinforce positive family values and beliefs. These lower the risk of behavioural problems and reduce the negative influences of threatening neighbourhood subcultures (Paat 2013:960). Cohesive neighbourhood parenting facilitates collective parenting, which reinforces the social control of children. Unfortunately, in the presence of limited resources there are limited opportunities for parents to connect with others.

Community environments are intended to provide the material and physical resources that parents need access to in the neighbourhood. Factors such as socioeconomic status; atmosphere; exposure to pollutants; prevalence of community violence; community capital; allocation of green space; access to nutritious food; types of businesses in the community; and crime levels are distal processes that impact on parenting (Eamon 2001:260; Paat

2013:960; Rodriguez-JenKins 2014:322). Locally based supportive facilities, such as suitable schooling, day care, safe housing, open spaces, recreational opportunities, opportunities for positive stimulation, and safety and security are important distil processes that enhance parenting practices (Johnson et al 2014:104; Weisner 2010:212).

Exo-system factors generally found to correlate specifically with the maltreatment of children are: poverty and low SES, unemployment, and neighbourhoods with limited formal and informal social resources (Scannapieco & Connell-Carrick 2002:609). Community environments that are lacking undermine parenting practices, provide fewer economic and social opportunities, produce inappropriate role models, offer inadequate supervision, and create detrimental peer influences which affect the child's health and socio-emotional development (Eamon 2001:260). It is further noted that neighbourhoods with high crime rates are very damaging to families, because social disorganisation flourishes in its presence and residents live in fear and uncertainty and have to negotiate many disruptions (Paat 2013:960). Inadequate resources and lack of support overwhelm parents and their parental stress levels are projected onto their children. Parents in these situations are found to be less likely to participate in parenting support initiatives, because they believe the only way forward is for these resources to be provided and/or the external problems to be properly addressed (Van Mourik et al 2016:348).

An in-depth study conducted by Holloway and Pimlott-Wilson (2014:104) explored the attitudes of parents of different socioeconomic status to understand how their socio-spatial contexts impacted on their parenting practices. Widespread poverty, unemployment, and lack of area-based services were considered the most debilitating factors (Holloway & Pimlott-Wilson 2014:105). The absence of local facilities, such as well-maintained parks, challenged parents of lower SES to find suitable recreational activities for their children because of their lack of resources. A distinct lack of trust in "others" developed stemming from their perceptions of their neighbours' antisocial behaviours. Mothers in LSEEs worried about their children being led astray by neighbours of ill repute (Holloway & Pimlott-Wilson 2014:104) and were critical of other parents living in their neighbourhood, judging them for not taking adequate care of their children (Holloway & Pimlott-Wilson 2014:05).

The study conducted by Ben-David and Nel (2013:419) highlights additional concerns about exo-system stressors in South Africa. Firstly, basic services such as water, electricity, and infrastructure were sorely lacking. Family access to clean water and sanitation was poor. Caregivers had to leave their children with physical disabilities unattended whilst fetching water and walked long distances to do so. Lack of electricity resulted in poor heating of the

home, affected the preparation of hot meals, and created shack fires because families resorted to burning wood or fuel indoors. Poor roads and inadequate transport systems posed challenges. Taxis were expensive, and ambulances and clinics were inaccessible (Ben-David & Nel 2013:420). Securing employment was difficult for caregivers, because there were no childcare facilities or supportive networks where they could leave their children. Caregivers lived in poverty and used the children's Disability Grant to support the whole family (Ben-David & Nel 2013:420). Making applications for social security was a challenging process for caregivers, because many did not have birth certificates for their children and the application process was protracted and too complicated for them. The lack of identity documents (IDs) had other repercussions: caregivers could not access government healthcare nor enrol their children in school.

Experiencing a sense of hopelessness and struggling with being socially excluded and disempowered resulted in their lowering their social expectations (Ben-David & Nel 2013:421).

The exo-system realities, as presented by Ben-David and Nel (2013) and others in this section, appeared to be very common to the parents/ primary caregivers living in Welbedacht East, as observed during the researcher's field visits and general discussions with community members. It was important for the researcher to gather empirical evidence of the extent to which the distal processes in Welbedacht East were poor because the community environment lacked resources and/or because of the absence of social support networks for many parents/ primary caregivers. Locating the sources of parental stress would influence the objectives of the locally specific parenting support intervention.

A discussion of the broadest ecological sphere, the macro-system, follows in the next section.

2.6.4 Macro-system

The macro-sphere shapes the "social blueprint" or stability of a culture, sub-culture, or other broader social context (Ben-David & Nel 2013:414; Bronfenbrenner 2005:150; Lau & Ng 2014:431; Onwuegbuzie et al 2013:5; Paat 2013:955; Trawick-Smith 2006:57). It forms the overarching values, ideologies, belief systems, ethics, economics, policies, laws, worldviews and customs or cultural norms. The macro-system influences the neighbourhoods, social networks, and parent-child relationships, penetrating each of the inner ecosystems: micro-, meso- and exo-systems (Bronfenbrenner 2005:150).

The focus of the discussion will be on the impact that institutional and structural influences, as experienced by parents, have on their ability to care for the well-being of their children, focusing specifically on SES, culture, and religion.

2.6.4.1 *Institutional and structural inequalities*

Unfortunately, distinction and discrimination evolve within societies to produce inequality that affects the lives and opportunities of some. Politically and socially favoured groups are typically used as the benchmark for socially desired behaviour (Gillies 2005b:836), which results in marginalised groups suffering social exclusion, which further compromises their well-being. Insufficient attention is paid to the barriers that they have to overcome, as created by the different forms of inequality they suffer, which is why they are judged unfairly (Weisner 2010:212). Social exclusion has debilitating outcomes for parents and children and, according to Gillies (2005a:70), acts to separate parents from the information and assistance they require to enable them to succeed as parents. Access to quality education, healthcare, and employment opportunities, and exposure to discrimination and racism remain unfairly distributed (Rodriguez-JenKins 2014:320; Weisner 2010:212). The researcher wanted to understand those inequalities that challenged the parenting of the Welbedacht East parents/primary caregivers. The findings would influence the development of the parenting support intervention developed for the community.

It was noted that social exclusion may need to be redressed by promoting and defending social justice for this vulnerable community (Sue et al 2016:50).

Amongst the many factors that discriminate against people are SES, culture, and religion and each of these will be discussed in terms of their position in the macro-system and their impact on parenting practices.

2.6.4.2 *SES*

Class-based attitudes and beliefs held by the politically and socially favoured groups regulate the parenting behaviours of others, in terms of what is expected of parents in their daily routines while raising children, making parenting a class issue (Holloway & Pimlott-Wilson 2014:106). Insufficient attention is given to the link between the resources parents have and the childrearing practices they resort to (Gillies 2005b:842). For example, Dermott and Pomati (2016:126) discuss the intensive sophisticated approach of middle-class parenting in stark contrast to the “natural growth” perspective adopted by parents of working-class backgrounds. Similarly, Gillies (2005b:842) notes that parents with limited access to resources actively inculcate their children with crucial survival skills, rather than directing their educational

attainment or upholding well-defined disciplinary practices as practiced by their middle-class, economically secure counterparts. Children raised in LSEEs are prepared to cope with instability, injustice, and hardship that probably will characterise their lives (Gillies 2005b:842). Gillies (2005b:850) asserts therefore that parenting will remain an embedded situated process that will only change through social and material circumstances.

Serious socio-political and economic distal processes are said to interfere with parenting practices. Parents of lower SES must employ their personal initiative to negotiate and overcome economic challenges, source opportunities, and develop skills to overcome their material and social circumstances, when these are the very processes that hold them back from doing so (Gillies 2005a:85). It is suggested that the abdication of responsibility for the poor is disguised by political policies designed to promote parenting practices as smokescreens, to sway attitudes towards individual responsibility, self-governance, and self-improvement (Gillies 2005a:76; Romagnoli & Wall 2012:275). The policy initiatives are said to be intended to reduce government spending and relinquish their responsibility for managing social problems. As suggested by Gillies (2005a:76) and Romagnoli and Wall (2012:275), the development of parenting programmes is insufficient for targeting the real problems that poor families face. Thus, programme developers and policy makers should give focus to lower order interventions, if their intentions to assist vulnerable parents to overcome some of their socioeconomic hurdles are serious.

This is supported too by a local researcher who concludes that families in need and at risk require concrete services such as assistance with obtaining housing and securing access to much needed resources, and social relief in the form of food and/or clothing (Strydom 2012:438). Others suggest that even this is too superficial (Daniel 1999:186; Parke, Coltrane, Duffy, Buriel, Dennis, Powers, French & Widaman 2004:1651). They suggest instead that policy makers address the following:

- Persistent disparities in educational opportunities and the conditions responsible for the poor educational outcomes in secondary and post-secondary schooling.
- Unemployed and underemployed parents, because their poor parenting practices and parent-child relationships are compromised by the stresses related to their inability to earn an income.
- The development of economic opportunities that reduce parental depressive symptoms as associated with hostile parenting practices.
- Access to healthcare for parents and their children. The poor linguistic competency among service providers, unaffordable healthcare, transportation difficulties in getting to

healthcare facilities, and lack of cultural sensitivity all necessitate change, as these issues affect their access to healthcare services.

As stated in Section 2.4 of this chapter, it would be too ambitious for a study of this nature to address the removal of these institutional barriers and upscale the community's access to the resources and opportunities they needed as recommended by Correa-Velez et al (2010:1411). However, it was important to note them because ultimately failure to bring about institutional change will continue to breed oppressive situations that lead poor families to become embroiled in the welfare system. Because disadvantaged parents are not given the assistance they need, they are frequently investigated for their poor or risky parenting behaviours (Rodriguez-JenKins 2014:323). During the research, careful consideration would be paid to the impact that living in a LSEE had on the parenting practices of the Welbedacht East community. The researcher would have to separate the structural issues that impacted on the quality of care that parents/ primary caregivers were able to offer their children from those that were directly related to personal, parent-child issues. Social inclusion theory would direct this process, ensuring that the researcher remained attentive to the markets, services, crisis services, and spaces that the parents/ primary caregivers could not access. Given the scope of her study, the researcher's intent was to upscale participatory community development initiatives as proposed by Caruna and McDonald (2011:4-5).

The principles of social inclusion (Gidley et al 2010:134; Shortall 2004:115; World Bank 2013) as outlined in the introduction of social inclusion theory were relevant to this and were used to guide the development of the locally specific parenting programme. The researcher would set out to: find ways to reduce some of the social disadvantages that the parents/ primary caregivers of Welbedacht East had suffered; engage them to determine what kind of intervention they desired and considered relevant to addressing their greatest parenting needs; and co-design an intervention with them that would be sustainable – one that would capitalise on their strengths and integrate locally specific approaches for enhancing their parenting practices.

2.6.4.3 Culture

Culture is defined as practices shared, cultivated, and transmitted inter-generationally by a particular group of people in order to meet physical, psychological, and emotional needs (Le et al 2008:164). This sphere of influence is powerful, because it cultivates social norms, roles, knowledge, beliefs, values, practices, and a shared history to regulate a group of people's patterns of daily living (Bornstein 2012:212). Parenting is the first and most important mechanism through which culture is reproduced (Cauce 2008:227) and each culture develops

distinct guidelines on how members should socialise children so that they grow up to function as successful adults who will adhere to the group's norms (Bornstein 2012:213; Bornstein 2015:2; Hoffman 2010:386; Rodrigues-JenKins 2014:320; Zarnegar 2015:44). The exact extent to which culture influences parenting remains hard to discern, because of the multiple sources that combine to shape the parenting process, such as parental ethnotheories, social class positions, and local histories (Hoffman 2010:386).

Cultures are said to differ in terms of their views about child development, the specific competencies required for the child's successful adjustment, the expected age-related developmental milestones of the child, and the extent of care children need (Bornstein 2012:216; Rodriguez-JenKins 2014:32). The roles assigned to mothers and fathers as parents are largely determined by culture, as are expectations of how a girl child and boy child should be raised respectively. In some cultures, fathers may be allocated multiple, complex, ongoing parenting responsibilities towards their children, whilst in others they are distant and treated as honoured guests, playing a minor role in parenting. In some cultures, children may spend large amounts of time with caregivers rather than their biological parents, such as siblings, non-parental relatives, and non-familial adults (Bornstein 2015:3). In South Africa, 24 per cent of children do not stay with a biological parent (Daly et al 2015:24) and are raised by a progression of primary caregivers (usually female relatives of the child's parent, such as a grandparent or a sibling) (Daly et al 2015:92).

The two broad social ideologies, Western and collective cultures, offer different parenting goals. Westernised parents promote autonomy, assertiveness, verbal competence, and self-actualisation in their children (Bornstein 2015:3-4; Ebot 2014:143-144; Zarnegar 2015:45), whilst collective cultures underscore intimacy, emotionality and reciprocity, interdependence, and social courtesy (Bornstein 2015:4; Zarnegar 2015:45). Yet, child protection and parenting literature continues to entertain a biased view of what constitutes acceptable parenting, one steeped in a Western value system (Choate & Engstrom 2014:376-377).

People of collectivist cultures may rightfully consider these highly endorsed Western parenting principles offensive (Weisner 2010:212-213; Zarnegar 2015:45-46).

As Weisner (2010:213) challenges, those who introject Western principles should ask themselves about the efficacy of some of the typically endorsed principles:

Does socially distributed multiple caretaking of children lead to relational insecurity, emotional loss, confusion, and anxiety, or does it develop a strong sense of empathy, nurturance, social responsibility, social intelligence and social competence in children? Are children and parents in these socially distributed care settings in fact encouraging affiliative rather than egotistic or individualistic styles of competence and achievement that have important adaptive advantages?

Even Bronfenbrenner (2005:186) was cynical about the typically adopted Western parenting values, suggesting they had led to “an increasing self-centredness and disregard of the needs of others”, which may explain the growing chaos observed in families in more recent times.

Unfortunately, most cultural research overgeneralises. Unless one isolates other variables that affect parenting, ethnic groups cannot be separated from one another and portrayed to be homogenous. Trying to generalise findings of what is normative parenting in one culture based on one or a few studies is too narrow in scope and is risky (Bornstein 2012:214). It creates “ethnic gloss” which leads to problems (Trimble & Dickson 2005:412). One such problem being that it fuels stereotypes and prejudices (Lui & Rollock 2013:455), which may be observed in the racial discrimination evident in the disproportionately high number of Black children who are caught up in the foster care system in America (Roberts 2003:171). Similarly, Aboriginal and Torres Strait Islander children are reported as almost eight times more likely to be presented as cases of abuse and neglect in the Australian childcare system than White Australian children (Eve et al 2014:115).

The complexity of disentangling contexts and cultural processes simultaneously makes cultural research challenging (Le et al 2008:163). Even people of a shared culture or ethnicity differ in terms of their history, cultures of origin, experiences, access to resources, education and mental health, socioeconomic status, economic stress, and other neighbourhood factors (Cauce 2008:227; Lui & Rolock 2013:455; Zarnegar 2015:50). As cautioned by Rodriguez-JenKins (2014:324), those involved in promoting parenting practices should be cautioned to steer clear of applying “a race/ethnicity ‘cookbook’ of behavioural and cultural symptoms” in their work.

The meaning of culture is extended by Scannapieco and Connell-Carrick (2002:610) to refer to the “larger cultural fabric”. They note that when violence and punishment in a community are widely practiced or ignored, then a culture emerges that becomes more accepting of maltreatment in the micro-, meso- and exo-systems. They use the example of racism, describing it as exerting discriminatory pressures on families, because it limits a certain

group's access to educational and economic opportunities, denying them prospects of accruing resources that will enable them to elevate their position.

Noting the global shift towards urbanisation, recognition should be given to how these impact on parenting practices too. The increased exposure to media and relocation to urban settings have resulted in a greater endorsement of Westernised principles and practices. According to Bornstein and Ebot, the media and urbanisation have modified parenting beliefs and practices and contributed to a greater homogeneity in parenting (Bornstein 2015:5; Ebot 2013). Lastly, as suggested by Ebot (2013), mixed parenting is another fast-growing phenomenon which may gradually shift professional focus away from nationalism and towards the commonality of human social life.

These collective factors were carefully considered during the researcher's exploration of the parents'/ primary caregivers' perceptions and practices of 'good enough' parenting. The community members' relocation to the Welbedacht East housing project had brought several different cultural and ethnic groups together. It remained to be seen whether cultural factors were important determiners of their preferred parenting practices. This insight would inform the development of the locally specific parenting support intervention.

To conclude this discussion on culture and parenting, the researcher refers to Bornstein's proposals (2012:219). The focus should be to find ways to strengthen parenting practices for all groups, rather than endorsing parenting practices considered as "desirable" by those with socio-political power (Bornstein 2012:219). It is more desirable to look for universals in parenting practices and Bornstein (2012:219) notes that these do occur and tend to differ only in form and degree, because mostly people desire the same things for their children, namely physical health, social adjustment, education, and economic security, and they parent in fundamentally similar ways to achieve these (Bornstein 2012:217).

2.6.4.4 Religion

Religious beliefs and practices influence parenting (Horwath & Lees 2010:82), as they prescribe values and behavioural standards (Abar et al 2008:270). However, as in culture, the extent to which religious beliefs regulate parenting practices becomes difficult to disentangle from the other wider social forces that are at play, such as culture and political beliefs (Horwath & Lees 2010:82, 94).

Research on the effect that different religions have on family life have produced inconsistent findings. Isolated studies suggest that greater parental religiousness is connected to positive

parenting and better child adjustment (Mahoney, Pargament, Tarakeshwar & Swank 2001:559). However, traditional, religious parents, such as Christians and Orthodox Jews, were found to be more authoritarian in their parenting style, with Christian conservatism being modestly correlated with the increased use of corporal punishment for pre-adolescent children (Horwath & Lees 2010:89-90). Earlier studies are in contradiction to newer findings (Gunnore et al 1999:199; Wilcox 1998:796; Wilcox 2002:780). Strong family ties and respect for parents are typically expected of children in Muslim families, with the parents exerting high levels of parental authority (Stewart, Bond, Ho, Zaman, Dar & Anwar 2000:336).

Whilst little has emerged in terms of information on the effects of religion on parenting practices, some evidence was found on the influence that religion has on coping during times of adversity, which was significant to this study. As mentioned by Dykes (2016:28-29), religion is a significant conduit for meaning-making that is positively associated with healthy outcomes. It offers a significant form of support for parents (Bronfenbrenner 2005:11; Crawford 2010:83), especially those in resource-poor communities (McLea & Mayers 2017:425). Noting the importance of cross-cultural practice for this study and acknowledging McLea and Mayer's (2017:425) point that even though different cultures have different emphases, they mostly have a cultural, spiritual, and community ritual basis that facilitates healing and restoration, the researcher acknowledged that she would have to be mindful of this during her study and possibly incorporate some of these in the development of the locally specific parenting support intervention.

In conclusion, religion, like culture, cascades down through the other bioecological sub-systems but, as mentioned in the previous sections, its influence cannot be easily separated from other macro influences such as culture, SES, etc. However, its role in cross-cultural practice was acknowledged as being important.

2.6.4.5 *Reflections on macro-system influences*

Research regarding culture, race, and religion appears inconclusive in terms of their relationship to parenting practices and the socio-emotional development of children (Eamon 2001:261). Nonetheless, it is generally acknowledged that they do have an influence on parenting practices and family life. Modernity, globalisation and urbanisation have promoted middle-class Western principles which have set the benchmark for parenting practices. It is, however, acknowledged that inter-cultural conversations regarding principles, norms, and practices in diverse communities should be initiated to challenge the status quo. Clearly, governmental policies in different countries propose that prosperity is attainable through the personal efforts and education of individuals (a Western notion), which appears to have

prompted initiatives to re-educate disadvantaged families on how to raise their children to mushroom. By implication this infers that parents are unable to manage themselves or their children properly (Gillies 2005b:837) and allows policy makers to “skirt around” the institutional and structural inequalities that require urgent attention in order to strengthen parenting practices. As early as 2004, Sewpaul (2005:314) challenged that policy makers in South Africa were prioritising national economic development based on neoliberal principles, instead of helping vulnerable families with their struggles. This does not seem to have changed over the last 13 years and the development of social policies to increase the social inclusion of struggling families, as noted by Eamon (2001:261), continues to be lacking. What is hoped for, specifically for parents living in LSEEs, is equal access to employment opportunities, income support for those that are unable to work, access to healthcare, nutritious food, quality housing, schools, and safer neighbourhoods (Romagnoli & Wall 2012:273). This would offer a way to improve child and maternal well-being (Romagnoli & Wall 2012:273). Authors Chikadzi and Pretorius (2011:263) maintain that there is a need to develop programmes that impact on socioeconomic objectives and dismantle structural roots of poverty and inequality. They argue that instead of achieving this, the South African Government continues to maintain the status quo (Chikadzi & Pretorius 2011:267).

An explanation of the chrono-system, the final adjustment that Bronfenbrenner made to the bioecological theory, is presented next.

2.6.5 Chrono-System

In the last stage of the development of the bioecological theory, Bronfenbrenner acknowledged that environmental systems change through time and added this extra sphere to draw attention to this (Lau & Ng 2014:427). Building on developmental research in the mid-1970s, he acknowledged that “time” represented more than chronological age and he observed that historical events that occurred in sequence in the family’s life and within their context affected the child’s development (Bronfenbrenner 2005:83; Eamon 2001:262). He noted that events could be situated outside the individual (external), for example the birth of a sibling, or in contrast represent an internal transition, such as entering a new developmental life stage, for example moving into puberty or getting married. Building on the work of Baltes, Reese and Lipsett (1980:65), Bronfenbrenner asserted that such changes could be normative (such as starting school, entering the workforce, etc.) or be idiopathic (such as divorce or severe illness in the family). What is expected of an affected individual is to accommodate and adjust to these changes over time (Ben-David & Nel 2013:414). In some instances, the changes or influences may even have presented themselves before the child was born, but because of the profound effects that they had on previous generations, the effects are carried

over to the next generation (Taylor et al 2000:113). This is pertinent to the South African situation where apartheid has affected many families.

Levels of inequality rose for Black people (African, Coloureds, and Indians) (Bray 2015:92). Families were divided, and family life destroyed. The burden of caregiving and breadwinning fell squarely on the shoulders of women (Budlender & Lund 2011:925). After the democratic elections, the effects of apartheid are still felt. Rates of unemployment and HIV/AIDS remain high, and economic development opportunities for the majority of South Africans continues to be low (Budlender & Lund 2011:925). The inherited disparities persist as racial, gender, and class inequalities despite having a constitution to protect the rights of all. These disparities remain a major threat to the core functioning of most families, especially indigenous families.

2.6.6 The Relevance of a Contextual Understanding of Parenting

In conclusion, this theory offers practitioners and policy makers a useful framework for identifying positive and/or negative factors that affect parents and children when monitoring their well-being and progress (Derksen 2010:330). Such collected insights were noted as being suitable for shaping social policies and programmes for the enhancement of the well-being of children (Guhn & Goelman 2011:205).

The researcher was particularly interested in understanding the experiences of parents and primary caregivers residing in Welbedacht East who were parenting children under nine years of age. She sought to identify their challenges. Her intention was to use this knowledge to develop an informed locally specific parenting intervention to improve the quality of life for children living in that municipal district. The bioecological theory provided a lens through which she could explore the interactions between the parent/ primary caregiver and child, as well as the interactions between them and their immediate surroundings, and understand the proximal and distal processes that promoted or threatened their well-being and the development of the children living there. This insight was needed to contextualise their meanings of 'good enough' parenting. She was motivated by the positive assumption inherent in the bioecological theory that personal characteristics can be nurtured within parents and children through focusing on strengthening the parent-child proximal processes. Social inclusion theory further alerted the researcher to the important resources and opportunities that parents require to fulfil their parenting functions. Both the bioecological and social inclusion theories acknowledged that these resources and opportunities were situated in concentric spheres. Social inclusion theory offered principles that were relevant to developing a culturally and contextually appropriate intervention in a culturally responsible manner.

2.7 CHAPTER SUMMARY

This chapter outlined the theoretical framework used for this study which integrates the bioecological and social inclusion theories. The chapter offered a brief account of the development of the bioecological theory, assumptions on which it rests, and defined the central concepts of process, person, context and time. The five ecological levels were clarified. The bioecological model was expanded to include three other ecological systems models to expand understanding of factors that impact on parenting competency. These were Sung and Su's (2007), Ecological Developmental Model; the Children's Assessment Framework (2017) and the Parent Competency Model (Johnson et al 2014). The meanings of social inclusion and exclusion were explored next, followed by its developmental background. The four elements that measure social inclusion of people (markets, services, crisis services and spaces) were explained. The principles of social inclusion were listed to explain the significance of a participatory and including process for developing a locally specific parenting support intervention for the Welbedacht East parents/ primary caregivers. A motivation was given for combining the two theories reflecting the complementarity of the theories.

A detailed application of the bioecological theory to parenting was presented, highlighting the impact that the five contextual-levels have on parenting practices: micro-, meso-, exo-, macro- and chrono-systems. During this presentation social inclusion theory was integrated to note the importance of markets, services, crisis services and spaces, for parents to be able to contribute to the well-being of their children.

The eclecticism of both theories developed the theoretical framework that would facilitate the analysis of the study. It was anticipated that the framework would facilitate an understanding of the socio-structural factors responsible for compromising parenting practices in Welbedacht East which and offer theoretical coherence to the patterns and trends related to the internal and external stressors faced by the Welbedacht East parents/ primary caregivers. This was needed for targeting the appropriate areas, as identified by the parents/ primary caregivers, for incorporation into the development of a locally specific parenting support intervention (Eamon 2001:262; Sidebotham 2001:106). Interventions are dependent upon obtaining knowledge of the social settings, families' daily routines, and experiences of the targeted group before their development (Weisner 2010:218).

Having discussed the intended topics relevant to the theoretical framework of this study, it is fitting to introduce the contents of the next chapter, Chapter Three. It sets out to establish what the minimal level of parenting should be without compromising the well-being of children. The

use of the concept 'good enough' parenting was intended to set the goal posts for the targeted outcomes of the locally specific parenting support intervention. To achieve this, the chapter reviews scholarly works about parenting, parenting practices, 'good enough' parenting, and the assessment of parenting practices. Using the indicators of the well-being of children as developed for the Conceptual Framework for Child Well-being (CFCW) (Lippman et al 2009) and integrating scholarly descriptors of 'good enough' parenting, four domains relevant to parenting are evident: physical health, development and safety; cognitive development and education; psychological and emotional development; and social development and behaviour. A fifth domain, foundational parental competence, is added in keeping with the perspectives of the Ecological Developmental Model, the Child Assessment Framework, and the Parent Competency Model. Parenting emerges as the primary influence on child well-being in the four domains. The continuum of parenting care, as experienced by children, is introduced: 'bad' parenting; 'good enough' parenting, and good/intense parenting. The theoretical framework, as presented, alerts the reader to two things: developing a measure of 'good enough' is irrelevant unless consideration is given to the contextual realities of parents/primary caregivers; and parenting alone cannot be responsible for the well-being of children. Instead interventions that target the structural factors compromising parenting should be escalated.

CHAPTER THREE:

‘GOOD ENOUGH’ PARENTING: WHAT IT IS AND HOW IT RELATES TO THE WELL-BEING OF CHILDREN

3.1 INTRODUCTION

The purpose of this chapter is to explore ‘good enough’ parenting to understand what it is and exactly how it relates to the well-being of children. In the previous chapter, the bioecological and social inclusion theories were discussed and the link between the well-being of children and ‘good’ parenting was mentioned. Conditions and processes that influence child development (Ashiabi & O’Neil 2015:11) and the quality of parenting were explained, but the sources presented failed to indicate what parents are required to do to contribute to the basic well-being of the child. This chapter introduces the CFCW, developed by UNICEF (Lippman, Moore & McIntosh 2009), as a precursor to advance a deeper awareness of what kinds of parenting practices are needed to contribute to the basic well-being of children, more especially how parents raising children in disadvantaged circumstances are expected to satisfy their children’s basic needs.

Based on Bronfenbrenner’s early premise that a good proximal relationship between the parent and child has a powerful influence over contextual variables (Derksen 2010:330), the chapter proceeds with a discussion of the importance of parenting. Scholarly works about “parenting”, “parenting practices”, “good enough parenting” and “assessing parenting practices” are presented to demonstrate how the specific domains of child well-being, namely physical health, development and safety, psychological and emotional development, cognitive development and education, and social development and behaviour, as discussed in the CFCW (Lippman et al 2009), have been internalised into the expectations that professionals have of parents, even when just ‘good enough’ parenting is the goal. A fifth domain is added, namely foundational parenting competence, as this too is recognised as relevant to the well-being of children. The chapter explains how and why the researcher combined the concepts of child well-being and the scholarly indicators of ‘good enough’ parenting. The consolidated table is presented to advance an understanding of what parenting actions are ‘good enough’ (see Table 3.3). This was important to this study, because the researcher wanted to measure whether the parents’/ primary caregivers’ perceptions and practices of ‘good enough’ parenting, given the cultural and contextual realities of living in Welbedacht East, were adequate for safeguarding their children’s healthy development. When juxtaposed against the bioecological and social inclusion theories, as presented in Chapter Two, the cumulated

evidence forewarns that the existing scholarly indicators of 'good enough' parenting are unrealistic for parents living in LSEEs (Atilola 2014:2), not to mention indicators for 'good' or 'intensive' parenting. The chapter concludes with the researcher questioning whether targeting parents/ primary caregivers living in LSEEs to improve their parenting practices is sufficient for the improvement of child well-being under difficult structural circumstances, whether it is fair and just to do so, and whether a more holistic approach is required to address some of the circumstances as experienced by parents/ primary caregivers that compromise their parenting.

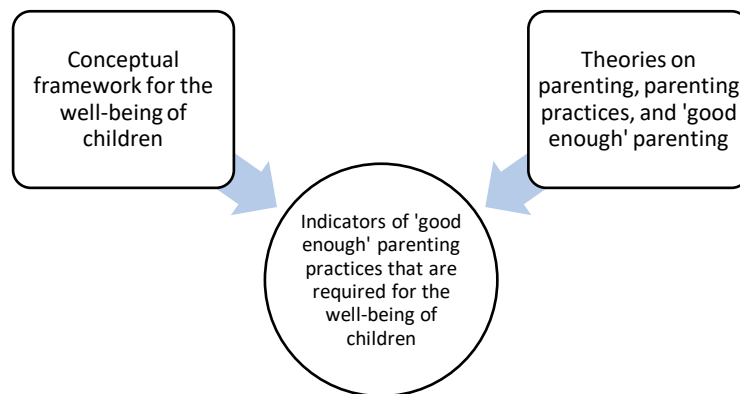


Figure 3.1: Integrating CFCW and parenting theory

The figure above demonstrates how the two fields of information were combined to consolidate scholarly works about the indicators of 'good enough' parenting practices for the well-being of children.

The first section of the chapter motivates that childhood has an intrinsic worth that is worthy of protection and that parenting is a means of mediating child well-being and mentions the significant strides that have been made by international and national states and organisations to advance healthy parenting practices.

3.2 THE INTRINSIC WORTH OF CHILDREN, PARENTING AS A MEDIATOR OF CHILD WELL-BEING, AND INTERNATIONAL AND NATIONAL MEASURES TO ADVANCE HEALTHY PARENTING

These three topics are briefly discussed to situate the research topic within the international agenda to improve the quality of life of children by enhancing parenting practices. The first topic that will be discussed is the intrinsic value of childhood.

3.2.1 The Intrinsic Value of Childhood and the Promotion of the Well-Being of Children

The philosopher Anca Gheaus (2015:35-37) poses an important question: “Does childhood have its own intrinsic value or is it just a phase in a child’s life meant to prepare the child for adulthood?” If childhood has intrinsic worth, then it must be ensured that all children will be able to enjoy the things that make for a good childhood. In a similar vein, author Ben-Arieh (2007:5-6) challenges that if we believe in the intrinsic worth of childhood, then we should be upholding the dignity and rights of children as evidence of our belief that they are deserving of our attention and respect. Given these aforementioned propositions, the questions that should be asked are “what things do we owe to our children?”, “how do children’s needs differ from adults’ needs?”, and “are we doing enough to uplift all children?”. The answers essentially become the measures of social justice for children and should guide us towards what we should be doing to improve their well-being (Gheaus 2015:37).

The acceptance of a belief in the intrinsic worth of childhood leads to a paradigm shift. Firstly, parental authority over children is replaced by a deepening commitment to ensure that parents are guided by the rights of the child (Daly 2011:9). Secondly, national policies and interventions are coordinated to promote child well-being globally. Some authors are more cynical about this (Burman 1996:49; Burman 2017:9; Gillies 2005b:838; Pupavac 2001:96), suggesting that the promotion of the intrinsic worth of children is another measure of the globalisation of cultural imperialism, which threatens the practices of less powerful people.

The term “well-being” is broad and Western, and developing countries have made concerted efforts to pinpoint which factors define and contribute to it (Ben-Arieh 2007:1). Marking the turn of the 21st century, global goals were set to improve the quality of life for marginalised people by the year 2015, making special reference to the urgency to uplift the well-being of children by reducing child mortality rates and improving maternal care (Ben-Arieh 2007:1; South Africa 2012; White Paper on Families in South Africa 2013). Whilst the 2015 Millennium Development Goals were not achieved within the targeted time-frame, it was successful in drawing global attention to the need for a conceptual framework to assess the well-being of children (Ben-Arieh 2007:1). UNICEF investigated contemporary works to identify and consolidate positive global indicators to develop such a framework, which now exists (Lippmann et al 2009). The CFCW proposes that children should be assessed across four domains: physical health, which includes their physical health, development and safety; cognitive development and education; psychological and emotional development; and social development and behaviour. Acknowledging that contextual variables impact significantly on

the development and well-being of children, the CFCW recognises the influence that family, peers, school, the local community, and the wider macro context have on children.

An earlier framework was developed by Ben-Arieh (2007:5), who was driven by the proposition of the intrinsic good of childhood. His framework is like the UNICEF framework, but includes two additional perspectives: the notion of children's rights and the proposition that childhood is much more than a developmental precursor to becoming an adult – it is a unique stage of identity, worthy of protection. Both Ben-Arieh (2007:41) and Anca Gheaus (2015:41) regard children as a valuable resource deserving our attention, with Ben-Arieh (2007:19-20) stating that children must be “nourished” and the best way of creating a positive future for them, is to afford them with “high quality early years”.

This introduction to the intrinsic worth of children and the value of having a universal conceptual framework of child well-being was relevant because the study was motivated by the need to examine the parental role as an instrument for affording children “high quality early years”. Therefore, the next section will focus on what is already known about the role that parenting plays on child well-being to prepare the reader for the section on parenting theories that follows thereafter.

3.2.2 Parenting as A Mediator of Child Well-Being

It is said that there is no more complex and difficult job than parenting (Johnson et al 2014:92). This is validated by a large body of research that has determined what has direct influence on the physical, psychological (including cognitive), behavioural, socio-emotional, and economic well-being of young children (De Graaf et al 2008:553; Eve et al 2014:114; Johnson et al 2014:92; Moran & Weinstock 2011:167; Sanders et al 2003:1; Turner & Sanders 2006:177). A convincing corpus of knowledge presents parenting and the protective factors associated with it as a means to bolster a child's successful adaptation to hardship (Schofield et al 2014:977). It has even been suggested that when the child has experienced a close relationship with caring and capable adults, family organisation, and routines, and has been taught by caregivers how to regulate his/her emotions and become independent, the child's resilience to deal with contextual hardships is cultivated (Hoffman 2010:385-387). A plethora of brain research studies conducted in the 1990s suggest that parents are largely instrumental in influencing their children's intellectual potential by stimulating them through activities such as talking, singing, reading, and teaching (Romagnoli & Wall 2012:274).

While good parenting promotes the well-being of children, the reverse, namely poor parenting, potentially has a deleterious effect on them. In short, the effects of poor parenting received by

a child in early childhood can be pervasive, with damaging effects continuing into adulthood, reducing several areas of adult functioning. Amongst those effects discussed in the literature are adult self-esteem (Daniel 1999:185); health difficulties (Seay, Freysteinson & McFarlane 2014:201; Shonkoff et al 2012:234); mental health (Hoghughi & Speight 1998:293; Seay et al 2014:201); substance abuse (Hoghughi & Speight 1998:293; Mc Elroy & Hevey 2014:65); antisocial behaviour and crime (De Graaf et al 2008:553; Hoghughi & Speight 1998:293; Seay et al 2014:201); relationship and intimacy issues (Savla et al 2013:395-396; Seay et al 2014:201); employment difficulties (Smith 2010:690); and child abuse and the repetition of negative parenting behaviours in subsequent generations (North 2013:25; Schofield et al 2014:973; Seay et al 2014:201; Smith 2010:690). However, poor parenting is not necessarily predictive of all these social problems. Ecosystems and resilience theories alert us to other mediating influences that help to mitigate against such harm (Daniel 1999:187).

Table 3.1: References to the continuing negative effects of poor parenting identified during adulthood

Affected area of adult functioning	Scholarly references
Self-esteem	Daniel 1999:183; Hoghughi & Speight 1998:295
Health	Seay et al 2014:201; Shonkoff et al 2012:234.
Anti-social behaviour and crime	De Graaf et al 2008:553; Hoghughi & Speight 1998:293; Seay et al 2014:201
Mental health and emotional difficulties	Hoghughi & Speight 1998:293; Seay et al 2014:201
Substance abuse	Hoghughi & Speight 1998:293; Mc Elroy & Hevey 2014:65
Relationships and intimacy	Hoghughi & Speight 1998:295; Salva et al 2013:395-396; Seay et al 2014:201.
Employment	Smith 2010:690
Child abuse and the repetition of parenting behaviours in subsequent generations	Hoghughi & Speight 1998:295; North 2013:25; Schofield et al 2014:973; Seay et al 2014:201; Smith 2010:690.
Educational failure and social handicap	Hoghughi & Speight 1998:295

This evidence explains why early childhood has received heightened attention and alludes to the notion that the effects of parenting on children are most intense during their early years (South Africa 2012). During this phase, children are most dependent upon their parents for physical and emotional nurturance and protection (Ben-Arieh 2007:18-23; Hoghughi & Speight 1998:294). It also explains why good parenting offers the greatest potential to mitigate against contextual disadvantage and enhance a child's development during this phase of a child's development (Hernández-Alava & Popli 2017:485). Most multifactorial development (cognitive, emotional, physical, mental, communication, social, and spiritual) occurs during early childhood (South Africa 2014). Some regard this stage as spanning from birth to age five (Hoghughi & Speight 1998:294), while others indicate birth to the age of eight (Ben-Arieh 2007:18-23; South Africa 2014:18). Save the Children South Africa (2015) extend this phase

to the age of nine years, when many South African children first start formal schooling. The quality of family relationships, in particular parent-child ones, are fundamental to the well-being of children within this stage (Sanders et al 2003:1; Schofield et al 2014:973). The researcher's interest was in the parenting of children nine years and younger by parents/ primary caregivers living in Welbedacht East.

The responses of national and global organisations and states to the development of parenting practices are evident, as will be explained next.

3.2.3 National and International Measures to Advance Healthy Parenting

Parenting is recognised as “an upstream, near-universal determinant of social, economic, and health outcomes” for children and society at large (O’Connell, Davis & Bauer 2015:e286). It is regarded as a solution to social problems, as mentioned by Geinger, Vandenbroeck and Roets (2014:488), and even as a means of disabling material disadvantage in the UK (Dermott & Pomati 2016:127). The family has subsequently become more of a public than private concern (Gillies 2005a:79). National policies throughout the world emphasise the importance of good parenting, acknowledging that supportive families are key to providing children with a good start in life (Daly 2011:8; Daly 2014; Taylor et al 2009:1180; White Paper on Families in South Africa 2013:Section 3.3.1). Efforts to improve parenting as a means of promoting “social renewal” are underway, with parents being used to shape children into desirable “future citizens of tomorrow” (Dermott & Pomati 2016:126; Geinger et al 2014:489).

However, despite this, the nature and quality of family and parenting support that children receive differ significantly in different parts of the world (Daly et al 2015:8). Policy and service development in Central and Eastern European Countries (CEECs) and the Commonwealth of Independent States, Latin America, and a few countries in Africa and Asia have advanced to address this issue more recently (Daly et al 2015:8). However, systematic, government-led support regrettably remains rare in Southeast Asia and sub-Saharan Africa (Daly et al 2015:8). Regardless, the momentum in the development of national policies for children as a means of furthering children’s rights, reducing child-related risks, facilitating early childhood development, and reducing behavioural problems amongst children and youth is noted (Daly 2011:9).

The primary objectives of family-preserving policies are to improve parental competence and increase the engagement of parents in their children’s development. These are anticipated to help improve family functioning and child-rearing, reduce the separation of families, reduce poverty, facilitate adjustment to demographic developments, and restore the family as the

preferred institution of social order and a normative way of life (Daly et al 2015:9). A British Government report on developing effective interventions for families at risk of multiple disadvantages advocates that the right kind of parenting has a bigger influence on the future of children than wealth, class, education, or any other common social factor (Dermott & Pomati 2016:127).

Significant developments in the promotion of policies to strengthen families and develop healthy parenting practices in South Africa are noted. The NPAC 2012-2017 (South Africa 2012) is a holistic framework developed for the enhancement of the quality of life for South Africa's children. Its mission is "to promote the realisation of children's rights to survival, development, protection, participation and to mobilise resources on all levels" (South Africa 2012:3). Section 4 B7 of the NPAC details the objectives that the NPAC has set to ensure that children are part of a family where they will enjoy stability and support, and feel safe and protected, especially from any form of violence. The NPAC regards nurturing families as key to promoting the physical, mental, and psychological well-being of South African children. To achieve this, amongst other things, a policy was needed to foster "well-functioning" and "resilient families" who would be capable of offering their members sufficient care; the most obvious one being the White Paper on Families in South Africa (2013). This policy is intended to promote healthy family life, as well as strengthen and preserve families. In addition, the NPAC has endorsed the development of a national parenting programme to support parents in positive parenting and effective discipline and assist them to raise their children in a positive manner (South Africa 2012:53). The Parental/Primary Caregiver Capacity Building Training Package was developed with the assistance of UNICEF in 2008 to enable trainers to train parents/ primary caregivers responsible for parenting children from birth to five years of age on how to be positive parents (Department of Social Development 2008). This programme has been delivered by the Department of Social Welfare in governmentally subsidised early childhood learning centres to influence parents and primary caregivers of children attending these centres to improve their parental practices. The programme has since been extended to welfare offices who render services in communities. One of the goals of the NPAC (South Africa 2012:53) is to ensure that all South African children experience a family life that is stable, supportive, safe, protective and free from violence. Accordingly, one of the objectives of the NPAC is to develop a national strategy and parenting programme to support parents in parenting their children and ensure that families have access to early intervention services to support their optimal functioning. The White Paper on Families in South Africa (2013:42-43) advocates the adoption of an integrated approach for preserving families. It builds on the Green Paper on families: promoting family life and strengthening families in South Africa (2011), recommending that family preservation should be achieved through preventive

services, early intervention services, statutory interventions and reunification and aftercare services. The White Paper on Families in South Africa (2013:44-54) is an indication of the South Africa Government's attempt to develop a consolidated framework for engaging all state departments in integrating child and family issues into their operations. It promotes a unified agenda for provincial and local governments, civil society, and businesses to protect and safeguard the interests of children and their families. The purpose of this research was to contribute to this agenda by developing a locally specific parenting support intervention for parents living in Welbedacht East, one that would be sensitive and responsive to their locally specific cultural and contextual realities. To develop a locally specific intervention, it was necessary to examine literature about parenting and parenting practices, and the insights gathered from this process will be discussed in the next section.

3.3 PARENTING, ASSESSING PARENTING, AND THE CONTINUUM OF PARENTING CARE

This section will be broken down into three sub-sections to convey the multi-dimensional nature of assessing parenting. It commences with the definition of parenting as a relationship, a process, and a set of parenting practices, then presents the assessment of parenting and concludes with an introduction to the continuum of parenting care. The definition of parenting according to relationship, process, and practices will be discussed in the first subsection.

3.3.1 Parenting

Many terms are associated with the concept of parenting and there are many variations of who is a parent: the biological mother and father, adoptive parents, aunts, other extended family members, gay/lesbian couples, and stepparents (Seay et al 2014:204). As mentioned by Seay et al (2014:201), the parent does not need to be a biological parent, but rather an involved person with a strong sense of responsibility for the well-being of the child. This extended notion of "parent" was appropriate for this research, because a significant number of children under nine years of age living in Welbedacht East are not being raised by their biological parents (eThekweni Municipality 2013:10).

Parenting by all accounts is a "multi-faceted notion consisting of parenting behaviours or styles: the quality of the parent-child relationship; parenting activities; and more general caring activities" (Dermott & Pomati 201:129). The term "parenting" is used to describe many things: the relationship between the child and parent, the process of rearing the child, and the group of actions that the parent performs when rearing the child, which are referred to as parenting practices (Hoghugh & Speight 1998:294).

The definitions of parenting as sourced in the literature will be differentiated into the three categories, as proposed by Hoghughi and Speight (1998:294), namely parenting as a relationship, a process, and parenting practices.

3.3.1.1 *Parenting: a relationship*

“Parenting is about the bidirectional relationship between the parent and child” (Choate & Engstrom 2014:372). It is “the caregiving of children in a stable, intimate, and caring relationship that is not restricted to biological parents” (Richter & Naicker 2013:xiii). The element of relationship is emphasised, because it is within this context that a parent fulfils the responsibility of providing crucial support to the child that is necessary to facilitate the child’s healthy development (Choate & Engstrom 2014:372). When the parent views the child as a unique being whom they feel committed to care for and nurture instead of use for their own or the family’s benefit, it is considered to be a positive one (Choate & Engstrom 2014:373). This is in line with the notion that childhood has intrinsic worth and that parents are the protectors of this worth and responsible for maximising their well-being (Gheaus 2015:35; Ben-Arieh 2007).

A positive parent-child relationship requires the parent to be sensitive to their child’s needs (Daly et al 2015:22), be at the centre of the child’s stimulation and learning (Smith 2011:158) and provide the child with a safe place where he or she will be protected from risks and harm (Crawford 2011:24; Johnson et al 2014:103). Therefore, parenting is more than a set of actions, with scientific explanations being unlikely to capture the intricate involvedness of this bond (Ramaekers & Suissa 2012:88). As stated by Ramaekers and Suissa (2012:72-76), scientific explanations are devoid of the personal understandings and infinite moral decisions that are involved in raising a child. They reflect little about a parent’s personal life, or their hopes, aspirations and aims for their children, in the present and for the future.

Some argue that when a parent has failed to make room for the child in his/her life, there is little point in trying to teach a parent parenting skills (Choate & Engstrom 2014:373; Winnicott 1960:592). More intensive interventions are needed, such as supportive counselling to enable the parent to work through unresolved traumas or other psychological or social factors blocking the parent-child relationship. Only once that has transpired is it appropriate to engage them in a parenting programme that will teach them parenting skills (Choate & Engstrom 2014:373).

Parenting as a relationship is consistent with Bronfenbrenner's bioecological approach, as discussed in the previous chapter. His most basic belief was that a trusting bond between a parent and a child was the most powerful force in child and youth development (Brendtro 2006:163). He positioned that parental support and warmth were anticipated to foster positive developmental outcomes of competence in the child (Eamon 2001:257), even amidst circumstances of disadvantage (Bronfenbrenner 1994:38; Bronfenbrenner 1999:5).

It can be seen that the concept of relationship was too complex and infinite to use to define 'good enough' parenting in this study. Attention was then directed to examining parenting as a process, to see whether it would serve the purpose.

3.3.1.2 *Parenting: a process*

The notion of the "process" of parenting is a multi-faceted one, mostly invisible, with the requirements being implied and only becoming conspicuous when something goes wrong. For example, when an element of parenting is declared inappropriate or risky; when the parent-child bond is broken through separation or divorce; when parents are unable to fulfil their roles because of substance abuse or mental illness; or when there is abuse or neglect (Richter & Naicker 2013:9).

Author Chan (2004) mentions Morrison's definition of parenting as the "process or state of being a parent", which involves the parent developing knowledge and skills, and using it to plan, create, give birth to, raise, and provide care for their offspring, and regulating their personal responses to the child according to the child's stage of development. This definition refers to the process of change that the parent undergoes in terms of "self". In contrast, Richter and Naicker (2013:xiii) focus on the parent as being key to facilitating the process of developing and socialising the child. At face value both perspectives suggest childhood as merely a phase of development, with the parent being responsible for preparing the child for adulthood.

Other definitions portray the process of parenting as being more profound. According to Kotaman (2013:39), the parent facilitates and supports the child to become his/her true self, by enabling the child to fulfil his/her genetic potential. This concurs with Winnicott's (1960:591) notion of the mother-child relationship, here primarily responsible for incubating the child's "inherited potential" and freeing the child into "the continuity of being". Winnicott's work (1960:591) drew attention to the significant process of the mother creating a "holding" environment for the child, asserting that this relationship is instrumental in assisting the child to move from a state of dependence on the parent, to a state of relative dependence, and

finally to a state of independence and freedom as the child reaches maturity (Kotaman 2013:39; Winnicott 1960:590-591). Running parallel to this process is the notion that this assists the infant to shift from the “pleasure principle” to the “reality principle” (Winnicott 1960:589) and acquire reality testing skills needed to prepare him/her to respond effectively to situations outside the relationship. The researcher will expand upon Winnicott’s perspectives in the section on ‘good enough’ parenting (see Section 3.4.1), as this term was used in the study to determine what the Welbedacht East parents’/ primary caregivers perceived to be necessary and ‘good enough’ to sustain the well-being of their children, given the contextual challenges they faced.

Throughout the “process” of parenting, the parent adapts parent-child interactions to ensure their synchronicity with the child’s developmental needs. This facilitates the child’s accomplishment of developmental tasks pertinent to each developmental stage (Moran & Weinstock 2011:167).

The perspective of parenting as “a process” is consistent with the bioecological approach. As presented by Bronfenbrenner, the child’s inborn personal characteristics, together with interactions he or she has with immediate family members (in the case of this study, the parents/ primary caregivers), directly influence the child’s developmental processes over time (Derksen 2010:331; Swick & Williams 2006:371). However, the notion of “process” lacked the specifics needed to understand the concept of ‘good enough’ parenting practices in Welbedacht East. Attention therefore was directed to exploring the notion of parenting practices as a measure of ‘good enough’ parenting in that community.

3.3.1.3 *Parenting: a collection of parenting practices*

Parenting may be defined as a combination of behaviours and beliefs that cumulatively represent parenting practices (Randolph & Radey 2011:88), that will simply be referred to as ‘parenting practices’ in this study. They are defined as “a set of specific parenting behaviours that parents are observed to do, report that they do, or say that they want to do in their interactions with their children” (McMahon & Metzler 1998:294). It is assumed that these are observable, measurable, and accountable.

The list of these practices alerts one to the exacting nature of parenting (Daly et al 2015:22). Highlighting the enormity of the task, authors Ramaekers and Suissa (2012:75-76) refer to a character, Ora, in David Grossman’s 2010 novel, “To the end of the land”, where a middle-aged mother looks back on her life and her children’s childhood referring to it as “thousands of moments and hours, days, millions of deeds, countless actions and attempts and mistakes

and words and thoughts, all to make one person in the world”. This apt description reflects the myriad of activities, efforts, and services that parents attempt in order to promote the well-being and healthy development of their children. It is noted that, as yet, there is no scientific account of what actions are the most important and most correct, or which of the mistakes are the worst to make, nor which words are the best to use in the parent’s efforts to be a ‘good enough’ parent (Ramaekers & Suissa 2012:87-89).

Researchers have, for several years, attempted to identify a few broad categories of expected parenting practices (Hoghughi & Speight 1998:293-296; Johnson et al 2014:92-120; Kellett & Apps 2009:27; Moran & Weinstock 2011:166) and several existing methods have been found to be potentially useful for assessing parental competence (Budd & Holdsworth 1996:6). The researcher chose to focus on literature sources that referred to ‘good enough’, ‘adequate’, or ‘positive’ parenting to attempt to establish a benchmark against which to compare the Welbedacht East parents’/ primary caregivers’ parenting practices, given their socioeconomic challenges (eThekweni Municipality 2013:13). The first term considered, as used by Budd (2005:433), was “minimal parenting”, which rationalised that in parenting situations such as those in Welbedacht East the goal for parents/ primary caregivers should be to satisfy the basic safety and emotional needs of their children. This term protects parents experiencing challenges beyond their control from being compared to parents who function at the optimal level (Budd 2005:433). This was consistent with Choate and Engstrom’s (2014:374) literature-based review of elements representing ‘good enough’ parenting, which included: overseeing the physical care and needs of the child; mitigating against community-based threats to the child’s safety; creating a family life free of interpersonal violence and a residence as a place of safety where substance abuse or a parent’s mental and physical illness does not impede the care of the child; nurturing of a high level; and parents using external networks of support and resources to meet the child’s needs. There appears to be fairly consistent agreement amongst health, education, and family health workers that these are the key constructs of ‘good enough’ parenting (Child Protection Resource 2014; Jones 2013:170; Kellett & Apps 2009:27).

Whilst Bronfenbrenner’s work made no references to specific parenting practices, it did refer to some broad roles that significant carers (in this case parents/ primary caregivers) should perform to mediate against negative environmental influences that may compromise the child’s developmental outcomes (Brendtro 2006:162; Ben-David & Nel 2013:413). Referring to Bronfenbrenner’s work, Krishnan (2010:5) proposes the following general responsibilities for parents: provide the child with good nutrition; adopt a positive parenting style; offer the child guidance on appropriate behaviours; protect the child from physical and psychological

harm; secure additional support for the child through educational, cultural or religious practices; and make sure that the child has access to community resources such as healthcare and social services as and when needed. These are consistent with the broad constructs of 'good enough' parenting and are linked to social inclusion theory.

Extensive information was found in the literature search on 'good enough' parenting practices. The researcher developed a consolidated table of these parenting practices and has cross-referenced them with the four domains of well-being for children as developed for the UNICEF conceptual framework (Lippman et al 2009). These domains are: physical health, which includes their physical health, development and safety; cognitive development and education; psychological and emotional development; and social development and behaviour. This table appears in Section 3.4.1.4.

Having explained the notions of parenting as a relationship, a process, and a range of relevant parenting actions, parenting as mentioned by some (Ramaekers & Suissa 2012:80; Richter & Naicker 2013:9) is mostly something intangible. A few of these intangible notions will be mentioned.

The view of Winnicott (as discussed by Ramaekers & Suissa 2012:83) is that parenting is an inherently human and ethical endeavour that cannot be reduced to scientific terms and theories. The natural everyday experiences of parents and the manner in which the quality of these experiences impact on children's lives can never be encapsulated in such terminology, because it goes way beyond that. It is one of the most human and ethical acts that requires the parent to "treasure" their child (Kotaman 2013:39). As discussed by Kotaman (2013:39), failure to do so overlooks the child's inherent potential, which later limits the child's chances to manifest in the "glorious" way that he or she should. This perspective embraces the intrinsic worth of the child.

Authors Coulson, Oades and Stoyles (2012:222) portray parenting as a "calling", conjuring the image of a person driven by a deep-seated need to add a noble purpose to their lives by raising their child well. Such committed actions are not only performed by biological parents. On countless occasions the researcher, as a social worker and fieldwork supervisor, witnessed the selflessness of grandparents, siblings, and other extended family members to unquestionably meet the obligations of caring for a relative's offspring in the absence of the biological parent. They do this amidst their own hardships and suffering. Reasons given by African American aunts caring for their siblings' children in an American study (Davis-Sowers 2012:231) were related to a deeper "calling", as proposed by Coulson et al (2012:222). Their

reasons included the need to respond to the crisis, fulfil family obligations, please God, fulfil gendered expectations, and take up the role of the aunt in an African American family. The South African based exploratory study by Mokone (2006:193-196) reported too that grandmothers raising their grandchildren felt the need to do their duty and many regarded raising their grandchildren as a blessing.

It is evident there are no clear, distinct, and comprehensive definitions of parenting. Therefore, for the purposes of this study, the definition of parenting that will be used is as follows (Al-Hassan 2009:27; Moran & Weinstock 2011:17-18; Richter & Naicker 2013:5):

Parenting refers to the purposeful ongoing care and support, offered by a parent or caregiver in a stable and intimate relationship, required for the promotion of the healthy development and socialisation of a child and ultimately enables the child to survive and thrive.

This definition integrates all three perspectives: parenting as a relationship, a process, and summation of important parenting actions. It sets the parameters for the study, which were to understand the parents'/ primary caregiver's perceptions of 'good enough' parenting and find ways to improve these in the Welbedacht East community. It provides an empirically validated point of reference needed to determine what minimum parenting practices were required to secure the well-being of children to frame the perspectives and parenting practices of the Welbedacht East community. The next section of this chapter is concerned with the notion of a continuum of parenting care that children are exposed to.

3.3.2 Assessing Parenting

This section commences with a discussion of the importance of assessing parenting, but also concedes that there are many complexities in making such assessments. It defines the concepts of skills, competence, and performance before introducing the continuum of parenting care.

3.3.2.1 *The importance of assessing parenting*

It is natural to assume the needs of children are best met when raised by their parents, but sadly they are exposed to diverse childhood experiences (Hoghugh & Speight 1998:294; Child Protection Resource 2014). Some are exposed to disadvantage and harm, whilst others thrive with the love, security, and emotional stability they experience in their homes. To reduce the number of children removed and placed in care, family practitioners need to be effective in differentiating between children who are at real risk from those who are potentially at risk (Budd & Holdsworth 1996:2; Choate & Engstrom 2014:368; Crawford 2011:18; Tregeagle & Voigt 2013:31). Detection of parenting problems allows timeous practical assistance and

support and reduces the number of children who enter the care system (Tregeagle & Voigt 2013:31). It is therefore, accepted that some measure or assessment is needed to be able to objectively make these calls.

Determining the quality of care that children receive from parents is challenging and risky (Budd 2005:429), but necessary for focussing service providers' and policy makers' efforts. Generally, without them there would be considerably fewer recommendations related to improving the whole range of family services, from counselling to family preservation, including in the termination of parental rights (Choate & Engstrom 2014:369). However, there is relative consensus amongst scholarly works about what constitutes parenting competence (Kellett & Apps 2009; Seay et al 2014:208; Taylor et al 2009:1181). This is possibly attributed to the many variables involved: the parent, child, and environmental characteristics. It demands the mastery of manifold skills, beliefs, and attitudes, which must be adapted from time to time to address the child's developmental needs (Budd & Holdsworth 1996:4). This makes it difficult for practitioners to assess parenting in precise terms (Eve et al 2014:115-116).

Numerous methods exist for appraising parenting competence and these include assessing factors such as physical health status, mental health status, parenting history, relationship with the child, and family context (Moran & Weinstock 2011:167). The information is collected in different ways: reviewing records/history; interviewing parents; interviewing the child; interviewing other key people; and observing parent-child interactions (Crawford 2011:22-23). Ultimately, the purpose is to reach some conclusion about the adequacy of parental care for promoting the well-being of the child.

3.3.2.2 *Assessing parenting competence*

One expects assessments to be reliable, comprehensive, and empirically based. However, there are several drawbacks associated with the existing assessment methods:

- There is inadequate consensus about what good parenting entails, because as yet no solid theoretical basis exists that details operational and behavioural specifics (Budd & Holdsworth 1996:3; Moran & Weinstock 2011:167; Taylor et al 2009:1181).
- The tendency to assess bad parenting prevails, because signs of harm and linguistic resources are available to describe them, whereas they are less evident in terms of positive parenting (Eve et al 2014:116; Widding 2015:53).
- Scientific assessments perpetuate the notion that there is a "right way" and a "wrong way" to parent. This puts undue pressure on parents who begin to overlook the importance of a spontaneous parent-child relationship. The parent's intuitive understanding of their child

and/or the child's needs are replaced by professional advice and direction (Raemaekers & Suissa 2012:73).

- Family practitioners are pressed to manage complex and fast-moving situations that rely on speedy and limited investigations. They make quick assessments that focus on too little information (Taylor et al 2009:1182).
- In the absence of standardised assessments, professionals apply their own criteria based on their personal experiences, and subjective clinical impressions and assessments (Budd & Holdsworth 1996:3; Choate & Engstrom 2014:369; Eve et al 2014:115; Kellett & Apps 2009:23; Taylor et al 2009:1181; Woodcock 2003:99). It has been found that even when a group of experienced social workers conduct the same investigations, they arrive at different conclusions (Eve et al 2014:115).

It was therefore accepted that the assessments are generally mere academic approximations of what one wishes to see most parents achieve. To orientate the reader to this, explanations of concepts such as skills, competence, and performance will be provided to contextualise the discussion. These are explained accordingly.

3.3.2.3 Skills, competence, and performance

A brief reference to the meaning of terms such as skills, competence, and performance will be given.

Skill means the ability to do or perform something well and refers to a person's capacity to achieve certain kinds of behaviour (Moran & Weinstock 2011:167). Fundamental parenting skills have been identified as essential for raising self-assured and well-adjusted children (Barone, Weitz & Witt 2005:394). Parental performance refers to the person's ability to execute parenting tasks (Moran & Weinstock 2011:167). Parental competence resembles performance and is used to describe the parent's learned capacity to perform a task, a duty, or a role or apply skill (Hoffman 2010:385; Johnson et al 2014:93) to have a particular effect or outcome (Moran & Weinstock 2011:167). Predetermined standards are recognised for the effective performance of executing the task that can be observed and evaluated (Johnson et al 2014:92). Elements of competency are purposeful and usually include aspects such as knowledge, skills or abilities, personal characteristics, attitudes, or a cluster of these (Moran & Weinstock 2011:167). In the context of this study, the researcher is interested in the efficacy of the parent/ primary caregiver in applying the desired parenting skills whilst raising their child (Moran & Weinstock 2011:167) within the context of their living realities.

There is a large body of information on parenting qualities and behaviours considered to positively facilitate infant, child, and youth development, and these have been categorised with reasonable consistency into a group of core constructs that are universal (Senese, Bornstein, Haynes, Rossi & Venuti 2012:479). These constructs will be presented in the section on 'good enough' parenting (Section 3.4.1). Before doing this, it should be noted that parenting performance is something that is rated because it is considered to be dimensional, ranging from deficient to exemplary (Moran & Weinstock 2011:180). This introduces the notion of the continuum of parenting competence, where 'good enough' parenting is situated in between deficient and exemplary parenting.

3.3.3 The Continuum of Parenting Care

The dichotomous perspectives of the "nature versus nurture" conundrum colours the weight researchers and practitioners assign to parental influence on a child's development and well-being, despite a convincing corpus of evidence supporting the pivotal role that parents play in their children's well-being and development (as presented at the outset of this chapter). There are three perspectives on this topic (Hart, Newel & Olsen 2003:762): parents are not essential to children's development, because the child's genetic predisposition determines the child's outcomes; parents are merely required to provide children with an average, acceptable environment for their development (in the presence of reasonable parental effort they develop optimally); and parents are required to provide children with an optimal environment for them to reach their optimal potential. In view of the empirical evidence presented about the positive impact that parents have on the child, the first perspective that "parents are not essential for their child's development" is not relevant to this study. The discussion that follows is linked to the remaining two positions, as consistent with the assumptions made by Gheaus (2015) and Ben-Arieh (2007), as presented earlier. These positions ground the motivation for the concepts of 'good enough' and 'good' parenting.

Parenting performance is used to gauge the extent to which parents promote the well-being of their children. For some, the quality of parenting competence or performance can be separated into three levels, each occupying a different position on a continuum – on the one side, 'risky' parenting, and on the other, 'good' or 'intensive' parenting, with 'good enough' parenting situated in between (Kellett & Apps 2009:30-31; NSPCC 2014:1-15; Ramaekers & Suissa 2012:88; Widding 2014:45-46). The proposition that parents are simply required to provide their children with an average, acceptable environment to enable them to progress and develop optimally refers to the concept of 'good enough' parenting (Hart et al 2003:762; Moran & Weinstock 2011:180). When parents are required to provide their children with an optimal environment to facilitate their best possible development, it is consistent with 'good' or

'intensive' parenting (Hart et al 2003:762; Moran & Weinstock 2011:180). Three concepts are positioned on the continuum of parenting care: 'bad' or 'risky' parenting, 'good enough' parenting, and 'good' or 'intensive' parenting. The discussion begins with 'good enough' parenting, because of its relevance to this study, then examines 'good' or 'intensive' parenting, which is a step up from 'good enough' parenting. Finally, the negative level of parenting is considered as opposed to 'good enough' parenting.

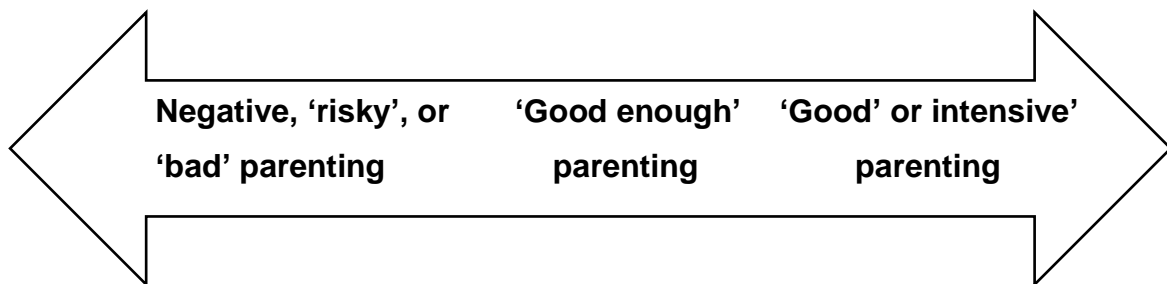


Figure 3.2: The continuum of parenting care

Unfortunately, research and clinical literature fail to offer practical descriptors of these levels (Choate & Engstrom 2014:368; Taylor et al 2000:113), and note that ill-defined lines separate 'good enough' parenting and the point where children are exposed to "too much risk", and 'good enough' and 'good' parenting (Choate & Engstrom 2014:371). As mentioned by Taylor et al (2000:114), far more focus has been paid to poor parenting, which raises questions about what practitioners aim for when trying to improve risky parenting without "goal posts". However, it is acknowledged that the positions of the continuum are purposeful enough to offer crude ratings of the quality of parenting for comparative purposes to direct the level of intervention required to assist and support families (Daniel 1999:179; Tregeagle & Voigt 2013:31).

The concept of 'good enough' parenting will be the focus of this discussion, as it relates specifically to the title of the study and will be discussed first.

3.4 'GOOD ENOUGH' PARENTING, 'BAD' PARENTING, AND 'GOOD' PARENTING: DETERMINING THE DIFFERENCE

The past decade has seen the rapid development of perspectives on what constitutes 'good enough' parenting. This section commences with 'good enough' parenting and then the polarised positions of 'risky' or 'poor' parenting, and 'good' or 'intensive' parenting will be presented for comparative purposes.

3.4.1 ‘Good Enough’ Parenting

It is important to examine the development of the concept of ‘good enough’ parenting, the emergence of ‘good enough’ parenting assessments, and the indicators of ‘good enough’ parenting first. These, as presented in literature, are discussed next.

3.4.1.1 *The history behind the concept of ‘good enough’ parenting*

The term ‘good enough’ parent was first used by Donald Wood Winnicott who worked as a consultant in a children’s hospital in London. Apart from his medical and psychiatric expertise, he was a well-known public educator who presented many talks on parenting topics, in professional circles and in the media, and his works on ‘good enough’ parenting were widely published (Hoghughi & Speight 1998:294; Jones 2013:170; Oates 2007:26; Ramaekers & Suissa 2012:83; Ratnapalan & Batty 2009:239). His interest in psychoanalysis was ignited whilst studying under Melanie Klein after he qualified as a paediatrician. He later branched off to develop his own theories of child development, taking a more supportive stance on the role of a mother (Karpf 2017; Ratnapalan & Batty 2009:239).

In consulting as a paediatrician, Winnicott noted with concern that many of the parents were exhausted by their efforts to be good parents, and he wished to reinforce their confidence in themselves in their parenting role. He positioned that mothers were more intuitive to the needs of their babies than experts (Ramaekers & Suissa 2012:83; Sharpe 2012; Winnicott 1960:592) and questioned the relevance of giving mothers advice, believing that their intuition helped them to discern what was right or wrong for their children (Karpf 2017).

Winnicott introduced the concept of ‘good enough’ parenting based on his observations that the mothers who consulted him were stressed by their unrealistic expectations of themselves and motherhood. He argued that it was unnatural to expect or encourage mothers to be perfect parents and, contrary to popular belief, outcomes of perfect parenting were no more favourable than ‘good enough’ parenting. In fact, ‘perfect’ parenting hindered the child’s development of independence and autonomy (Child Protection Resource 2014; Choate & Engstrom 2014:2; Hoghughi & Speight 1998:294; Ramaekers & Suissa 2012:83). He argued against the professionalisation of parenting because, as he pointed out, even when parents were stressed, unsure of their ability to parent, and struggling to balance being selfless and self-preserving, they did mostly satisfy their children’s needs (Hoghughi & Speight 1998:254; Kunst 2012). Effective mothering, according to Winnicott (1967:15), was something that mothers discovered through experience rather than through instruction. He stated that their intuitive abilities and natural maternal instincts were often more accurate than professional

advice, and therefore they should be helped to recognise that their parenting was ‘good enough’ (Karpf 2017). Such a realisation would assist a mother to be more accepting of her personal limitations, her child, and life itself (Heffner [sa]).

The researcher will discuss Winnicott’s theory in terms of relationship, process, and parenting practices.

- **Parenting: a relationship**

The most central proposition of Winnicott’s ‘good enough’ mother is the concept of developing “psychic space” in the mother-child relationship. This “space” connects mother and infant and is likened to the meaningful experience of the qualitatively unique psychic space or holding space between a patient and therapist (Ramaekers & Suissa 2012:83; Winnicott 1960:594). Within this “holding space”, the baby experiences his/her personal existence and builds up a “continuity of being” (Winnicott 1960:593). This is consistent with the bioecological theory and Bronfenbrenner’s notion of the parent-child relationship being the “primary engine of child development” as presented in Section 2.3.

The mother moderates her attentiveness over time, at first being more self-giving and less self-serving, but constantly demonstrates her respect for the child’s “mystery” or uniqueness (Ramaekers & Suissa 2012:83). She contains her frustrations towards the child when something “bad” occurs. As time progresses and the child’s strengths and coping strategies emerge, she is more spontaneous and realistic in her responses (Winnicott 1953:68). She becomes more reasonable about the demands she places on herself. She realises that she loves her child, but not all of his/her behaviour; she does not always have to be available to the child when the child wants her to be; she accepts that she cannot prevent all the child’s frustrations and moods; she recognises that she has needs of her own that at times are in conflict with those of her child; she does not always manage to stay in control of her emotions; she accepts that as a parent she makes mistakes and can use these as learning tools; and she grows to feel confident and capable of using her own judgment (Heffner [sa]). In times of failure (as inherent in the process of being human), she makes efforts to recover and remedy the situation (Choate & Engstrom 2014:369; Hoghughi & Speight 1998:294; Kunst 2012). Whilst Winnicott emphasised the bond between the mother and her child, he stressed the importance of the combination of a ‘good enough’ mother surrounded by other supportive adults to create a facilitating environment for the child’s development (Sharpe 2012). This is consistent with the bioecological theory.

- **Parenting: a process**

The tenets of Winnicott's 'good enough' parenting refer to "parenting as a process". One of the fundamental tenets of Winnicott's parenting theory is that the mother is the primary influence in the child's development, and the parent-child relationship serves as either a promoting or oppressive force in the child's development (Winnicott 1960:594). The parenting process satisfies two purposes. Firstly, the mother enables the totally fragile infant to move from a state of absolute dependence on her when born, to relative dependence, and finally, independence with maturity (Winnicott 1960:590). In the early stages of the infant's life, the mother and significant others accommodate the infant's needs without making demands because the infant is totally dependent on them. Once emotionally secure, the mother lessens the intensity and immediacy of her responses (Ramaekers & Suissa 2012:83; Sharpe 2012). The child learns to manage ego needs and instinctual tensions as a result (Winnicott 1967:246). This facilitates a learning process for the child. As the child develops, he/she starts to recognise that 'pleasure' is not a constant state and that he/she must deal with 'reality' through his/her own efforts. Winnicott refers to this process as the child learning to move from the pleasure principle to the reality principle, which represents one of the indicators of emotional maturity (Ramaekers & Suissa 2012:84; Winnicott 1960:589). By "letting go" of the responsibility of keeping the child content at all costs, the mother frees the inherited potential of the child to manifest, liberating the child's strengths and self-sufficiency (Sharp 2012; Winnicott 1960:58).

The second purpose that the parent-child relationship satisfies relates to enabling the child to fulfil his/her genetic potential. In the beginning of the child's life, his/her intelligence and enquiring mind is positively ignited by the nurturing holding relationship that the mother creates (Winnicott 1960:590). In the absence of maternal care, the child fails to discover who he/she is or what he/she is capable of. Therefore, the child fails to come into his/her own being and begins to model him/herself on people who are closest, imitating their reactions, and later the influence of other environmental forces (Child Protection Resource 2014; Ramaekers & Suissa 2012:83). In the absence of a positive holding relationship, the child adapts to accommodate the parent. A child who has been forced to adapt to the world prematurely or who has experienced inappropriate demands is more likely to develop mental health problems in later life (Ramaekers & Suissa 2012:84). This perspective may have its roots in Winnicott's own personal experience of growing up in a home where his mother suffered chronic depression. Even though Winnicott believed that most parents had the wherewithal to parent their children

effectively. He believed in extreme situations, structures should be in place to assist those who were not 'good enough' to arrange alternative parenting (Hoghugh & Speight 1998:294).

- **Parenting: a collection of parenting practices**

In terms of 'good enough' parenting having a set of parenting practices, Winnicott positions the quality of the parents' everyday experiences with the child much higher than prescribed parental goals and outcomes (Ramaekers & Suissa 2012:83; Winnicott 1960:592). However, throughout Winnicott's works he indirectly acknowledges a few parenting practices expected of the 'good enough' mother, making general references to things that she should do. She has to demonstrate her commitment to be a mother, pay attention to her baby, create the holding environment, and also provide physical and emotional care and security for her child (Child Protection Resource 2014; Winnicott 1960:592). She must work through her emotional upsets and be willing to make sacrifices on the child's behalf (Child Protection Resource 2014; Winnicott 1960:592).

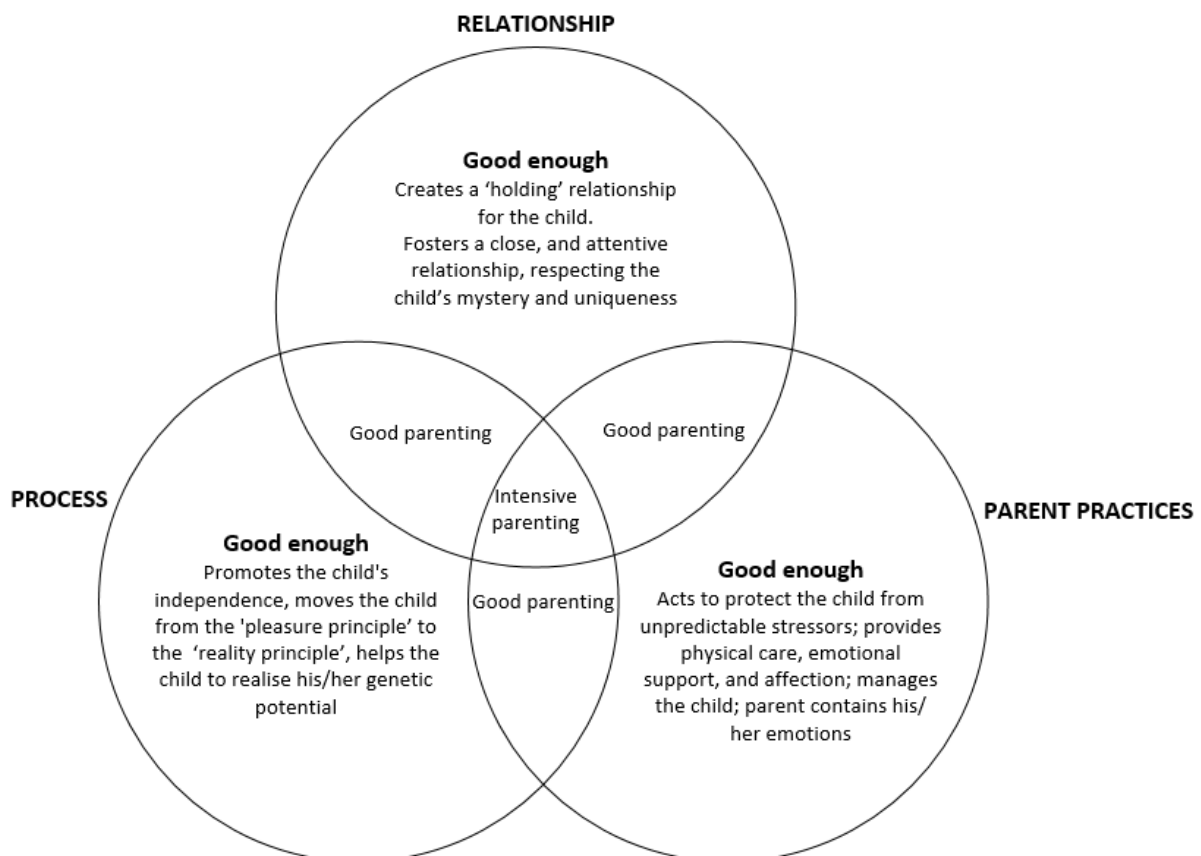


Figure 3.3: Winnicott's notions of 'good enough' parenting reflecting relationship, process, and parenting practices

The diagram illustrates Winnicott's perspectives of parenting as a relationship, process, and a set of parenting practices. 'Perfect' parenting is situated in the centre to represent the impossibility of the perfect, simultaneous and synchronous attainment of all elements of the three aspects of parenting: relationship, process, and parenting practices. The 'good enough' mother is positioned in a less than perfect position where she forms a relationship that is less than perfect with her child. Through this "imperfection", she facilitates the child's development, child's independence, which enables the child to develop a realistic appraisal of his/her position in the world and achieve his/her genetic potential to become an authentic person. The mother's parenting actions are balanced, not overly responsive nor too distant, but enough to satisfy the elements of parenting required to meet the child's basic physical, emotional, psychological, and cognitive needs, without totally forfeiting her own.

Given the socioeconomic challenges that parents living in Welbedacht East experience, 'good enough' parenting appeared to represent a realistic outcome or standard of parenting that could be used to compare to the parenting practices that were identified in the community. It offered an inherently strengths-based perspective, proposing that despite the stresses and obstacles that parents faced, most would be able to satisfy their children's needs (Hoghugh & Speight 1998:254; Kunst 2012). However, it was accepted that more recent and alternative perspectives on 'good enough' parenting needed to be consulted. The views of several other scholars about 'good enough' parenting are presented next.

A renowned psychiatrist and psychologist of the 20th century, Bettelheim, adapted Winnicott's notion of a 'good enough' mother slightly to refer to both parents, recognising the significance of both parental figures in the healthy development of the child (Bettelheim 1987:ix; Choate & Engstrom 2014:369; Gray 2015; Ramaekers & Suissa 2012:85). His views overlap with Winnicott's substantially (Bettelheim 1987:ix; Choate & Engstrom 2014:369; Gray 2015). The similarities are evident in the important elements of his theory as presented:

- 'Perfect' parenting is not expected; it is unattainable for most ordinary people.
- Even healthy parent-child relationships are filled with parental ambivalence, therefore parents need to learn to be more lenient with themselves (Gray 2015).
- Being human, parents should permit themselves, at times, to be disappointed in their child, or annoyed or discouraged because of their child's behaviour.
- Respect for the child's unique personality is of paramount importance and parents are required to shape their parenting responses around this uniqueness to avoid trying to shape the child to be one that they wished for (Bettelheim 1987:10; Gray 2015).

- Parents are mostly better at finding solutions to their child's problems than experts (Bettelheim 1987:21).
- The parent-child relationship is important and the extent to which the parent demonstrates being sensitive, helpful, and understanding towards the child determines the quality of the relationship (Bettelheim 1987:11).
- Children develop best when granted freedom to take risks, opportunities to attempt things for themselves, and chances to learn from their mistakes. Therefore, independence and autonomy should be encouraged (Gray 2015).
- Parents should trust themselves rather than rely on professionals to prescribe a list of predetermined parental responses (Bettelheim 1987:34-38; Widding 2014:45). Professionalisation of parenting undermines the parent's self-trust.

Bettelheim (1987) made several contributions to Winnicott's theory that are noteworthy. He expanded on the notion of empathy, stressing the importance of the mother mirroring the child's feelings. He explained that when the mother is preoccupied with her own concerns, such as worrying whether she is doing right by her child, she fails to reflect the infant's feelings in her facial expressions, and the child experiences her response as a lack of empathy. When the child senses the mother's negative emotions, rather than seeing her reflect his own, the child becomes lonely and disconnected (Bettelheim 1987:13). He positioned that whilst the parent and child may not be equal in terms of knowledge, intelligence, experience or maturity, they are equal in relation to feelings (Bettelheim 1987:13). Parents have to "tune out" of their own feelings, use their personal experience of having once been a child themselves, identify the child's experiences in the current situation, and respond to the child's feelings, which leads to a better understanding of the child's behaviour.

Expanding on the quality of the parent-child relationship, Bettelheim proposed that the child needs to feel supported and trusted and grow up in an environment that enables him to play, explore and learn, and socialise with others outside the home (Bettelheim 1987:13). These create the conditions for a satisfying childhood that promotes the child's healthy development. Parents were advised to be less concerned about the child's future and more preoccupied with promoting these experiences of childhood (Gray 2015).

Practitioners Adcock and White introduced this terminology of 'good enough' parenting into child protection practice in 1985 (Choate & Engstrom 2014:369). They advocated that governmental authorities and society at large required definitions of acceptable levels of parenting, as there was too much disagreement about what descriptors reflected acceptable

levels of parenting (Choate & Engstrom 2014:369). Later, Budd and Holdsworth referred to constructs they called “minimal parenting” competence indicators, which are basically the same as ‘good enough’ parenting indicators (Budd & Holdsworth 1996:2; Choate & Engstrom 2014:369).

More recently, the term ‘good enough’ parenting has been associated with parenting assessment frameworks that are used to assess parental competence and are based on empirically determined indicators of ‘good enough’ parenting.

3.4.1.2 ‘Good enough’ parenting assessments

Since 1998, researchers have endeavoured to find pragmatic guidelines to assist practitioners working with families to identify and measure positive parenting skills or practices. The ‘good enough’ assessment frameworks emphasise the parental behaviours and skills required of parents in their everyday performance as parents. As stated by Budd (2005:432), the assessment constructs incorporate the basic attitudes, beliefs, and understandings of what is expected of parents to raise a healthy child. They are intended to spell out minimum requirements for securing a child’s basic safety and emotional and physical needs to protect the child’s welfare (Budd 2005:433; Crawford 2011:19). They consider the risks that the family must manage and the protective factors they have at their disposal to do so (Crawford 2011:19).

The researcher included more recent frameworks that have incorporated the basic tenets of ‘good enough’ parenting. Some of these are referred to by different names, such as “positive parenting” (Seay et al 2014:200-208), “parenting competency” (Johnson et al 2014:95-97), and “parenting capacity” (Bywater & O’Loughlin 2016:76). They share common constructs, which include providing basic care, ensuring the child’s safety, demonstrating emotional warmth, stimulating the child to foster his/her development, offering guidance and boundaries to regulate the child’s behaviour, and creating stability in the child’s life (Bywater & O’Loughlin 2016:76-78; Johnson et al 2014:95-97; Seay et al 2014:200-208). The assumptions on which they rest are similar, as will be discussed.

3.4.1.3 The shared assumptions of ‘good enough’ conceptual frameworks:

Several contemporary scholarly works integrate concepts that overlap with ‘good enough’ parenting constructs as mentioned in Section 3.4.1.3. Closer examination of these works reflects several shared assumptions on which their assessment models rest (Bywater & O’Loughlin 2016:76; Johnson et al 2014:95-97; Seay et al 2014:200). These include:

- Assessments should be affirming and build on parental strengths in a progressive manner
- Assessments should focus on parental strengths rather than parental deficits (Budd 2005:433) as their purpose is to support and motivate parents to improve parenting practices, learn from their mistakes, be less critical of themselves, and more accepting of their human imperfections (Gray 2015). When more accepting of themselves, they become more accepting of their children which contributes to a positive parent-child relationship which in turn promotes the child's development and well-being (Ratnapalan & Batty 2009:239)
- Assessments should establish 'good enough' parenting rather than 'good' or 'perfect' parenting (Choate & Engstrom 2014:377). Their aim is to establish whether a child is supported, protected, has his/her basic needs taken care of, and receives guidance about what positive social behaviours are expected of him/her.
- Negative consequences resulting from harmful parenting should never be underplayed or overlooked. Indicators that parenting may be 'risky' include: when parents overlook, underplay or deny their harmful parenting actions; when parents experiencing difficulties are reluctant or resistant to seeking appropriate assistance and support (Choate & Engstrom 2014:378).
- Assessments should acknowledge contextual realities responsible for reducing parental capacity and assessors need to be realistic and reasonable about what parents are capable of, given the resources and support that they have at their disposal (Budd 2005:433; Crawford 2011:19; Johnson et al 2014: 103). Parents often have limited control over many of their experiences (parental illness, poor housing, etc.). These do not automatically lead to 'risky' or 'bad' parenting (Johnson et al 2014:105).

The first effort made to identify a group of constructs that translated into 'good enough' parenting was published by Hoghughi and Speight (Choate & Engstrom 2014:371; Hoghughi & Speight 1998:294). They noticed that when these constructs were absent in the parent-child relationship, poor life outcomes for the child were noted (Choate & Engstrom 2014:371; Hoghughi & Speight 1998:294). The proposed concepts were criticised by Taylor et al (2000:114) for two main reasons. Firstly, for failing to tackle the problem of differentiating between 'good enough' and 'not good enough' parenting, and secondly, for overlooking social and economic contexts that impact on parenting. This assessment could become "a further stick with which to beat the poor" (Taylor et al 2000:116). Thereafter Woodcock (2003:92)

undertook an exploratory research study involving social workers to understand the methods they used to assess parents, and this led to the development of a conceptual framework that identified similar concepts, albeit that the concepts were formulated slightly differently. However, the most notorious study on 'good enough' parenting was conducted by Kellett and Apps (2009), who examined the perspectives of health visitors, family support workers, paediatricians, and teachers to determine how they arrived at their parenting assessments. With funding from the Rowntree Foundation, the outcome of their study resulted in a framework for assessment. The framework could be plotted on a continuum of parenting care, with 'risky' parenting on the one extreme, 'good' parenting on the other, and 'good enough' parenting situated midway between these poles. The National Society for the Prevention of Cruelty to Children (NSPCC) (2014:1-15) based their 'good enough' parenting assessment framework on Kellett and Apps' (2009) conceptual framework. The indicators of 'good enough' parenting, as referred to in contemporary assessment frameworks, are consolidated in the table that follows.

Table 3.2: Constructs of 'good enough' parenting reflected in scholarly assessment frameworks

Researchers/Authors	Constructs of 'good enough' parenting
Hoghughli and Speight (1998:294)	Love, care and commitment demonstrated towards the child
	Control and consistent limit-setting
	Facilitation of the child's development: physical, emotional, social, and intellectual
Woodcock (2003:92)	Understands and satisfies the child's developmental needs
	Provides routine in the child's life
	Provides physical care
	Is emotionally responsive towards the child
	Addresses own past experiences and deficits as experienced in their own parents' functioning
Kellett and Apps (2009)	Meets the child's health and developmental needs
	Puts the child's needs before their own
	Provides routine in the home
	Acknowledges when help is needed and seeks assistance
North (2013:25)	Keeps the child safe
	Makes the child feel loved
	Provides the child with predictable and constant levels of care
Choate and Engstrom (2014:371)	Oversees the physical care and needs of the child
	Mitigates against community-based threats to the child's safety
	Substance abuse and/or parental physical or mental illness do not prevent the parent from caring for the child
	High level of nurturing
	Creates a home life free of interpersonal violence
	Uses external networks of support and existing resources to meet the child's needs

There is general agreement that ‘good enough’ parenting embraces four themes: meeting the child’s health and developmental needs; putting the child’s needs first; providing routine in the child’s life; and demonstrating a willingness to admit problems and seek appropriate support services for these (Jones 2013:170). However, some authors include an additional theme: demonstrating love and affection to the child (Kellett & Apps 2009:14-15; Houghugh & Speight 1998:294; Newman et al, cited by Ramaekers & Suissa 2012:88). In contrast, author North (2013:25) mentions only three themes: keeping the child safe; helping the child to feel loved; and providing the child with predictable and consistent levels of care.

Recent publications have incorporated these constructs, extending them further to create assessment frameworks that are more specific about the attributes of the “positive parent” (Seay et al 2014:204) and the functional factors and skills expected of adequate parents (Johnson et al 2014:115-120). They will be discussed in more depth because of their contributions to developing a conceptual understanding of ‘good enough’ parenting which was intended to be used to compare the Welbedacht East parents’ / primary caregivers’ perceptions and practices of ‘good enough’ parenting.

Having provided the background to the generally accepted constructs of ‘good enough’ parenting, the researcher will now relate them to the indicators of child well-being, as developed by UNICEF (Lippman et al 2009). It was hoped that this integration would determine whether the well-being of the children could be achieved by ‘good enough’ parenting, particularly in the absence of structural support for those parents living in LSEE. The process followed will be explained in the next section.

3.4.1.4 *Indicators of ‘good enough’ parenting as relevant to child well-being*

At the outset of this chapter, reference was made to the framework of positive indicators of the well-being of children as developed by UNICEF (Lippman et al 2009:17-24). It is intended as a universal measure of child well-being outcomes across the four domains of physical health, development and safety; cognitive development and education; psychological and emotional development; and social development and behaviour. As stated in the CFCW, no single domain constitutes child well-being on its own. The CFCW proposes two more categories: relationships and context (meso-, exo-, and macro-systems). Relationships (Lippman et al 2009:22) are those bidirectional processes that occur between the child and significant others, such as family, peers, school and community. The CFCW considers the macro-system (as outlined in Section 2.6.4) to be just as important to child well-being (Lippman et al 2009:17). The parent figure is expected to be one of the mediators of child well-being. Both relationships and contexts were discussed in Chapter Two. The CFCW accepts

that all children are raised in a social context (Lippman et al 2009:17) and the process of interaction between the child and the context is significant to the child's development. Culture, belief systems, the ability to access resources, networks of family, social and business opportunities, a safe household, positive peers, access to good schools, a safe neighbourhood, recreational opportunities, a caring community, active community organisations, community services, and positive social norms all exert either a positive or negative influence on the child's well-being (Lippman et al 2009:23), as discussed in Chapter Two. It was therefore concluded that the CFCW reflects the assumptions of the bioecological and social inclusion theories. The focus now shifts to the indicators of positive or 'good enough' parenting identified in scholarly works as they relate to the four domains of child well-being.

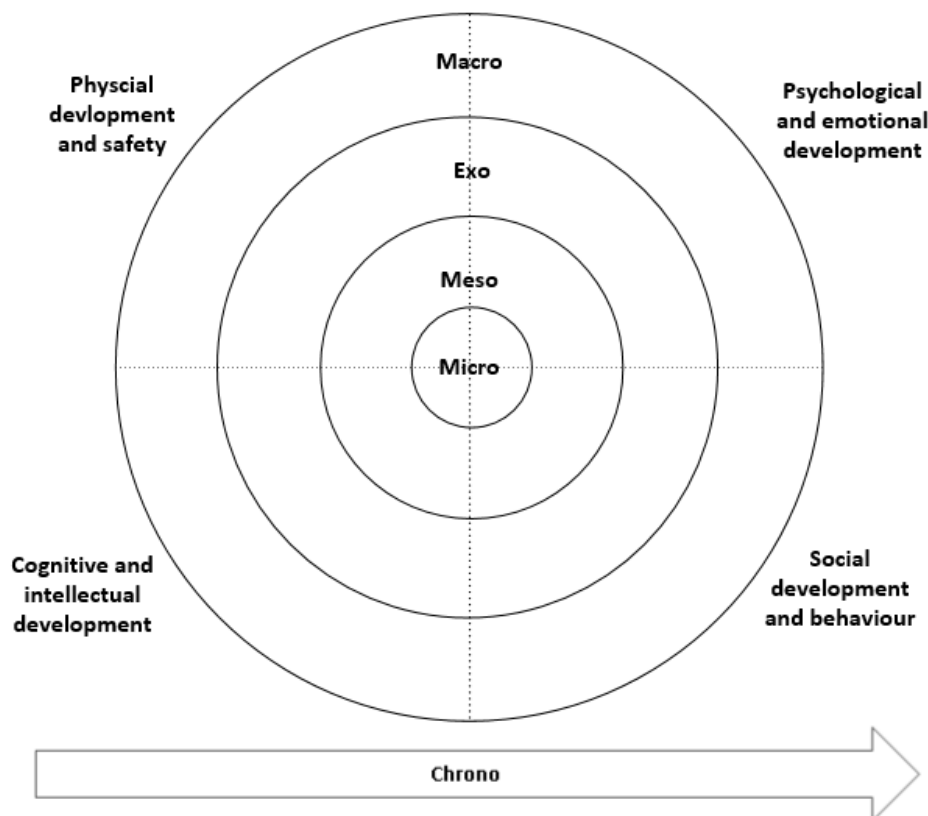


Figure 3.4: The four domains of child well-being as experienced by the child within the parent-child relationship and other bioecological spheres

The framework notes that parental relationships are intended to be warm, close, and characterised by high levels of communication between the parent and child, with parents offering support and positive advice (Lippman et al 2009:22). The parents are expected to be positive role models who allocate time to interact with the child, either through play or conversations. The parent introduces structure into the child's life by creating order and routine

and monitoring the child's life to avert dangerous situations or influences. The parent entertains hope for the child's future to uplift the child. He or she defines the tone for the quality of relationship that is established with siblings and extended family members. There is an expectation that members of the family should share outings, celebrations, vacations, and family meals to foster closeness and support to develop the child's socio-emotionality (Lippman et al 2009:17).

With the assistance of two experienced social workers, this long list of concepts or indicators of 'good enough' parenting practices as sourced from literature was linked to the UNICEF domains of child well-being, using thematic analysis. This was intended to integrate professional indicators of 'good enough' parenting with the four domains of child well-being to observe what responsibilities were placed on the shoulders of parents. Each of the constructs of 'good enough' parenting was matched with correlating indicators of child well-being contained in one of the four domains of the CFCW. Child indicators not applicable to children under nine were omitted. The outcome is reflected in the table that follows. It was intended to create a conceptual structure to frame 'good enough' parenting as a mediator of child well-being. The table is separated into four columns. The first column refers to the four constructs of the UNICEF's framework for assessing the individual child's well-being. These refer to the domains of: physical health, development and safety; cognitive development and education; psychological/emotional development; and social development and behaviour. The second column lists examples of each of the four domains and is labelled as indicators of well-being, detailing their association with that domain. The third column lists indicators of 'good enough' parenting, as identified in the literature consulted, that corresponded with indicators of child well-being during the thematic analysis. The fourth column lists the sources of literature on 'good enough' parenting, as relevant to the indicators mentioned.

Table 3.3: Alignment of domains and positive indicators of child well-being of the CFCW with scholarly references to ‘good enough’ parenting practices

CFCW (Lippman et al 2009:20-23)		‘Good enough’ parenting	
Domain of the CFCW	Indicators of child well-being	Indicators of ‘good enough’ parenting as related to indicators of child well-being	References
Physical health, development and safety			
• Overall health status	Positive health status, health maintenance and care	<p>Meets the child’s health and development needs:</p> <p>Nutrition – meets basic nutritional standards in terms of caloric intake; ensures access to sufficient quality and quantity of food; and provides healthy food options.</p> <p>Hygiene – prevents and treats infections; ensures child is not teased because of poor hygiene; encourages hand washing; and assists young child with bathing, toileting and tooth brushing.</p> <p>Health – seeks adequate routine medical care; timely care for significant injury or illness; seeks care when child is not demonstrating developmental milestones; and accesses dental care.</p> <p>Shelter – provides a secure, durable and weather-resistant living space that is clean enough to promote health and prevent injury; removes unhealthy items such as garbage mould, animal waste, or things that expose child to harmful health risks; and provides a space that offers mobility and privacy.</p> <p>Financial support – actively seeks resources to meet family’s basic financial obligations and support the child financially.</p> <p>Clothing – clean and appropriate clothing; child is not ridiculed for dirty or inadequate clothing; and clothing is mended as needed.</p>	Al-Hassan 2009:27; Bywater & O’Loughlin 2016:76; Child Protection Resource 2014; Hoghughi & Speight 1998:295; Johnson et al 2014:95-96; Jones 2013:170; Kellett & Apps 2009:27; London Safeguarding Children Board 2017; NSPCC 2014:1; Seay et al 2014:204
• Healthy habits	Eating, exercise, and sleep habits	<p>Routinised and consistent physical care.</p> <p>Provides an environment conducive to sleeping for the amount of hours recommended for the child’s age, including naps.</p>	Johnson et al 2014:120; Jones 2013:170; North 2013:25; NSPCC 2014:1; Woodcock 2003:95

• Safe from accident and injury	Wearing bicycle helmets, seatbelts, etc.	<p>Protects the child from risky people, situations, and physical danger. Creates a safe, stable and secure environment for the child to grow up in by:</p> <ul style="list-style-type: none"> – setting boundaries according to the child's developmental stage to keep the child safe; – recognising hazards and dangers in the home and where the child spends time; and – addressing the following: threats, abuse, exposure to violence, substance abuse, crime, sexual activity, and unhealthy media. <p>Protects child from self-harming through accidents.</p> <p>Protects child from neighbourhood threats, such as crime and being alone with untrusted persons.</p>	Al-Hassan 2009:27; Bywater & O'Loughlin 2016:76-77; Choate & Engstrom 2014:374-376; Eve et al 2014:119; Johnson et al 2014:95, 119; Kellett & Apps 2009:12; North 2013:25
• Risk management skills	Skills and knowledge to avoid drug and alcohol use	<p>Monitors the child's activities and peer affiliations to keep the child safe. Pre-arms the child with risk-reducing information. Intentionally converses about dangers with child, and what the family and society consider right and wrong.</p>	Choate & Engstrom 2014:374; Johnson et al 2014:96, 116
Cognitive development and education			
• Educational attainment	Enrolment and completion of foundation phase education	<p>Ensures the child receives regular educational instruction and achieves basic achievement levels.</p> <p>Monitors homework to ensure that the child progresses.</p>	Bywater & O'Loughlin 2016:77; Dermott & Pomati 2016:5; Johnson et al 2014:103, 107
• Educational achievement	Acquisition of knowledge – maths, language, science, reading, and writing	<p>Provides the child with a rich and stimulating environment in early childhood. Stimulates the child's speech development. Stimulates cognitive development through play, appropriate toys, reading, and conducting educational outings. Creates a space, and provides the basic tools and supplies needed for learning.</p>	Al-Hassan 2009:27; Bywater & O'Loughlin 2016:77; Dermott & Pomati 2016:5; Houghugh & Speight 1998:294; Johnson et al 2014:95-96, 117; Romagnoli & Wall 2012:277; Seay et al 2014:204; Smith 2011:162

• Academic self-concept	Self-perception of academic performance and ability		Kotoman 2013:47-48
• Critical thinking	Evaluation/ analytical/ problem-solving skills		Kotoman 2013:48; Lambe 2005:30
• Knowledge of essential life skills	Road safety, decision-making skills, and home maintenance	Teaches life skills in everyday situations	Johnson et al 2014:117
• Positive attitude towards learning	Curiosity, active learning strategies, mastery or learning tasks, motivation, and study skills	Encourages learning: Motivates child to learn: controls learning conditions in the home to enable the child to complete home-study tasks; and assists with homework. Helps the child to see the link between school and ultimate success.	Dermott & Pomati 2016:7; Johnson et al 2014:117
• School engagement	Behavioural, emotional, and cognitive engagement	Facilitates child's engagement in school and school activities.	Dermott & Pomati 2016:7; Johnson et al 2014:95-96, 117
• Interactive use of technology	Able to use computers and communication technology, the internet, and networking sites		
• Creativity	Arts: music, writing, art, theatre, dance, etc. Ability to develop new views and approaches to tasks	Nurtures the child's aesthetic development.	Hoghughi & Speight 1998:294
• Civic knowledge	Knowledge of tenets of democracy, government, laws, justice, tolerance, and children's rights		

Psychological and emotional development			
<ul style="list-style-type: none"> Overall psychological and emotional well-being 	Happiness, subjective well-being, flourishing, life satisfaction	<p>Creates a conducive atmosphere for the child – stability; continuity of attachments; consistent emotional climate; consistent parental responsiveness; and cordial relationships in the home.</p> <p>Nurturance – makes the child feel consistently and unconditionally loved; demonstrations of parental compassion; warmth; sensitivity; affection; verbal statements of acceptance; praise for the child; and empathic listening.</p> <p>Realistic expectations of the child.</p> <p>Protects child from distressing emotions.</p> <p>Allocates pleasant time with the child: acknowledges the importance of play and parent-child play.</p> <p>Values the relationship – accepts the child's dependence on the parent; parent-child relationship is based on mutual respect; includes child; prioritises child's needs above their own; regulates emotional responses towards the child; responsive; child-centred; and fosters attachment.</p> <p>Regulates parental anger and criticism towards the child.</p> <p>Recognises emotional factors that underpin the child's behaviour.</p>	<p>Bywater & O'Loughlin 2016:77; Choate & Engstrom 2014:372-375; Crawford 2011:25; Eve et al 2014:122; Hoghugh & Speight 1998:294; Jones 2013:170; Johnson et al 2014:95-96; Johnson et al 2014:118; Kotoman 2013:48; North 2013:25; NSPCC 2014; Seay et al 2014:201-204; Sharpe 2012; Smith 2010:692; Woodcock 2003:96</p>
<ul style="list-style-type: none"> Self-management 	Age-appropriate autonomy, emotional self-regulation, persistence, and constructive time use	<p>Familiar with developmental stages: monitors and encourages autonomy, and attainment of developmental milestones.</p> <p>Understands child's individuality, unique needs; abilities and limitations; adjusts parenting accordingly.</p> <p>Directs child towards self-management: encourages autonomy; creates opportunities for independence; allocates responsibility for things; and gives child choices.</p>	<p>Al-Hassan 2009:27; Choate & Engstrom 2014:372-374; Eve et al 2014:118; Johnson et al 2014:93 & 95; Kotoman 2013:48; Smith 2010:691; Woodcock 2003:96-98</p>
<ul style="list-style-type: none"> Agency 	Planfulness, resourcefulness, positive risk-taking, realistic goal setting, and motivation	<p>Builds the child's self-confidence: helps the child identify their own potency and acknowledges the child's resourcefulness and independence.</p> <p>Instils self-belief and positivism: encourages self-worth; positive sense of mastery; and risk-taking.</p> <p>Prepares and supports the child to manage threats/stress.</p>	<p>Al-Hassan 2009:27; Eve et al 2014:116-120; Johnson et al 2014:95; Kotoman 2013:48; Smith 2010:691; Woodcock 2003:93-98</p>

• Optimism and resilience	Positive outlook and constructive adaptation to adverse events	Creates hopefulness	Johnson et al 2014:97
• Sense of purpose	Believing one's life is meaningfully connected to a larger picture		
• Spirituality	Transcendence	The parent promotes the child's spiritual development	Hoghugh & Speight 1998:294
Social development and behaviour			
• Moral character	Ethical behaviour and integrity	Moral development – teaches the child fundamental values to inculcate prosocial behaviours; and develops compassion, tolerance, honesty, and fairness.	Bywater & O'Loughlin 2016:77; Eve et al 2014:116-120; Hoghugh & Speight 1998:294; Johnson et al 2014:97
• Prosocial values	Caring, empathy for others	Parent models appropriate responsible behaviour: non-aggressive conflict resolution; negotiates divergent interests constructively; prosocial behaviour; and compassion.	Bywater & O'Loughlin 2016:77; Eve et al 2014:122; Johnson et al 2014:96-97, 103; Seay et al 2014:201-204
• Social intelligence	Communication, cooperation, conflict-resolution skills, trust, intimacy	<p>Shapes social skills: cooperation, sharing, assisting others, sympathy, respect, and age-appropriate social expression.</p> <p>Develops a network of support – Makes sure that the child has secure, stable and affectionate relationships with significant adults.</p> <p>Promotes participation in social opportunities – group memberships; organised activities outside the home; and interactions with peers.</p>	Budd & Holdsworth 1996:7; Bywater & O'Loughlin 2016:77-78; Johnson et al 2014:96; Kellett & Apps 2009:13; Kotoman 2013:169

<ul style="list-style-type: none"> Discipline 		Behavioural control measures: <ul style="list-style-type: none"> Sets reasonable and fair limits and communicates these before they are broken. Boundaries set and consequences defined for when they are broken. Consistent application of rules, but adapts them according to the developmental level of the child. Positive discipline over punishment: privilege withdrawal, contingent rewards, using logical and natural consequences. Demonstrates emotional control when disciplining. Does not allow the child's reactions to the punishment to affect them. Includes the child in setting and modifying the rules. Offers explanations as to why the child is being disciplined. 	Bywater & O'Loughlin 2016:76; Crawford 2011:25; Eve et al 2014:120; Kellett & Apps 2009:29; Johnson et al 2014:96-97, 103; NSPCC 2014; Seay et al 2014:201-204; Smith 2011:159; Taylor et al 2009:1181
<ul style="list-style-type: none"> Cultural intelligence 	Cross-cultural competence	Positive cultural and racial identity Tolerance of cultural diversity	Bywater & O'Loughlin 2016:77; Johnson et al 2014:103; Reece 2013:49
<ul style="list-style-type: none"> Environmental awareness and behaviour 	Knowledge, and demonstration of positive environmentally conscious behaviours		
<ul style="list-style-type: none"> Civic awareness and motivation 	Age-appropriate concern and motivation regarding community, social or public issues, civic knowledge, civic self-image and self-efficacy and connectedness		

Clearly, the expectation that it is the responsibility of parents to raise socially efficacious children is unfair, unless parents are assisted to secure the well-being of their children. Even 'good enough' parenting is an unrealistic goal for disadvantaged parents, as it sets them up to fail unless they receive additional support. Parents in high risk situations cannot fulfil the indicators of the CFCW alone unless the structural elements that affect their lives are addressed. It is mentioned that conditions of poverty and inequality are given inadequate consideration in the very policies developed to assist parents (Gillies 2005a:70; Perumal & Kasiram 2008:166). Some suggest that global and state attention on strengthening families has a hidden agenda, namely to regulate and control the behaviour of marginalised families (Gillies 2005a:71; Widding 2014:46). It is asserted that this is to divert attention from the inadequate role that the global community plays in addressing poverty and its impact on parenting. As suggested by Gillies (2005b:838), questions should be raised about how parents can be helped to advance out of poverty, and what structural elements of inequality need to be removed and how (Gillies 2005b:838). These points are mentioned by Hölscher, Kasiram and Sathiparshad (2009:20), who argue that victims of structural inequality are typically labelled as the problem and become the targets of rehabilitation instead of effort being directed at critically engaging with societal structures and practices that cause the problem in the first place. According to Strydom and Tlhojane (2008:35), the South African Government has developed policies and poverty alleviation programmes, but the extent to which their effects are being felt by parents are still to be measured. As challenged by Perumal and Kasiram (2008:166): "if families are truly considered to be the 'heartbeat' of our country, why is the state not investing more in them?" The researcher therefore prepared herself that these universal indicators of child well-being and 'good enough' parenting could be irrelevant and culturally insensitive to the specific circumstances of [the majority of South African] families (Burman 1996:47).

The focus is now directed to the next level of the continuum of parenting care, namely 'good' or 'intensive' parenting. Here the divide between the "haves" and the "have nots" become more obvious.

3.4.2 'Good' Parenting or 'Intensive' Parenting

Throughout this chapter, the challenges associated with defining parenting have been emphasised. The complexity is accentuated when differentiating between 'good enough' and 'good' parenting, because the distinction between the two positions is somewhat ambiguous (Eve et al 2014:114; Kellett & Apps 2009:46; Taylor et al 2009:1181). However, after more careful scrutiny, parenting that exceeds 'good enough' parenting is described as being considerably more arduous for parents. As concluded by Kellett and Apps (2009:28), "'good'

parenting is when parents make their family their first priority”, which according to other scholars becomes a self-sacrificing and an “all-too-consuming exercise” (Dermott & Pomati 2016:2; Nelson 2010:2; Pedersen 2012:231).

3.4.2.1 *Defining ‘good’ parenting or ‘intensive’ parenting*

The term used to refer to this level of parenting is “intensive parenting” and is based on empirical sociological studies (Pedersen 2012:231; Reece 2013:48). It has been severely criticised (Dermott & Pomati 2016:2; Ramaekers & Suissa 2012:90) because of the unrealistic expectations and “mother blaming” entrenched in its ideology (Thurer 1995:286-304).

‘Intensive’ parenting appears to have evolved alongside the introjection of middle-class values across societies (Dermott & Pomati 2016:126; Nelson 2010:2-5). It has its roots in the post-World War II era. Its prolific intensification became obvious since the 1990s (Romagnoli & Wall 2012:273-274). Some authors, such as Satran (1998), suggest that it is a backlash against feminism, intended to provoke working mothers to devote themselves fully to their children to compensate. With more mothers entering the workforce, ‘intensive’ parenting is an emerging culture (Pedersen 2012:231) of young, ambitious, educated, competitive women who have raised the stakes of child-rearing (Satran 1998). To achieve this, they depend heavily on “expert” advice (Pedersen 2012:231).

As this group of parents, who love their children dearly, start to fear the competitive world that their children must face as grownups, their parenting gets out of control in order to prepare their children for the competitive demands that the modern world will place on them (Nelson 2010:2-5). They want to provide or create every advantage for their young children (Lambe 2005:29; Satran 1998). This results in hyper competition between parents, overscheduling of activities for the children, and ultimately, a culture of parenting that resembles a product and lacks the spontaneity of healthy family relationships (Lambe 2005:29). This “new era of parenting” has become “an emotionally absorbing, labour intensive and financially expensive” effort (Hays 1998:8). As discussed by Dermott and Pomati (2016:126-127), parents are coerced to participate in a range of prescriptive child-centred activities on a regular basis, that are rooted in middle-class ideals that promote individualism and competition.

Because of the seemingly unrealistic demands associated with this level of parenting, other metaphoric terms have evolved to label it. “Hyper-parenting”, as coined by Hoffman (2010:387), is used to describe parents’ intense efforts to shield their children from unfavourable life circumstances. The parents micro-manage all aspects of their children’s lives. Being totally preoccupied with the children’s safety, the parents overregulate, engage in

extreme monitoring, and depend heavily on professional advice on how to deal with any child issue (Nelson 2010:2-5). This reduces their natural intuitive responses and increases parental and child insecurities in the long run. This is exactly what Winnicott (1960:592) and Bettelheim (1987:ix) suggested as inappropriate. As mentioned by Sharon Hay, the “intensive mother” focuses her parenting energy on much more than tending to the physical needs of the child (Hays 1998:8). The mother assumes responsibility for the child’s emotional, psychological, and cognitive development at all costs (Romagnoli & Wall 2012:273).

Another popularised term assigned to ‘intensive’ parenting is “tiger mother”, as used by Chau (Lui & Rollock 2013:450) to refer to the compulsive encouraging behaviour that mothers engage in to drive their children to excel in extramural activities. The purpose of their efforts is to secure their children’s success. Finally, the term “helicopter parents” refers to parents who maintain an overly close involvement with their children’s lives. The intention of a “helicopter parent” is to protect the child from life’s hard lessons causing the parent to “hover” over their children protectively, seldom encouraging the autonomy the child needs to prepare himself or herself to be able to manage the challenges of everyday life (Dermott & Pomati 2016:126).

Some authors have written about the characteristics of ‘good’ or ‘intensive’ parenting as will be discussed.

3.4.2.2 *Characteristics of ‘good’ or ‘intensive’ parenting*

Several characteristics of ‘good’ or ‘intensive’ parenting as evident in scholarly sources have been consolidated in the table below.

Table 3.4: Characteristics of ‘good’ or ‘intensive’ parenting

Domain of child well-being	Characteristics of good parenting	Source
Parental foundational competence	<ul style="list-style-type: none"> • Self-reflection and personal insight • Motivated to learn more about parenting and parenting practices to improve • Able to manage competing demands, understand parental responsibilities, and organise the household; informed about the needs of children • Self-sacrificing, placing child’s needs before their own 	<p>Eve et al 2014:118; Widding 2014:42</p> <p>Eve et al 2014:118; Reece 2013:36</p> <p>Eve et al 2014:119</p> <p>Eve et al 2014:119</p>
Basic needs/ physical health, development and safety of the child	<ul style="list-style-type: none"> • Can guarantee that they are able to provide for the child’s basic needs at all times • Makes provision for the long-term needs of the child • Protects the child against abuse or neglect at all times 	<p>Eve et al 2014:119; Pedersen 2012:236</p> <p>Eve et al 2014:119</p> <p>Eve et al 2014:119</p>
Psychological and emotional development of the child	<ul style="list-style-type: none"> • Protects the child from distressing emotions • Engages with the child emotionally, fostering strong relationship, offering high levels of emotional security, comfort and sensitivity • Constantly accessible for the child • Creates a consistently stable and secure environment for the child 	<p>Pedersen 2012:236</p> <p>Eve et al 2014:119-120</p> <p>Pedersen 2012:236</p> <p>Widding 2014:42</p>
Social development and behaviour of the child	<ul style="list-style-type: none"> • Observes and acknowledges positive child behaviour using rewards • Sets well-defined boundaries, fair discipline, and routine • Gives child efficient directives 	<p>Widding 2014:42</p> <p>Eve et al 2014:120; Widding 2014:42</p> <p>Widding 2014:42</p>
Cognitive development and education of the child	<ul style="list-style-type: none"> • Demonstrates confidence in the child’s ability • Prepares child for transitions, directing them towards self-autonomy, and delaying immediate gratification for later good • Engages the child in problem solving 	<p>Eve et al 2014:120</p> <p>Widding 2014:42</p> <p>Widdding, 2014:42</p>

As previously stated, many of these indicators of 'good' parenting overlap with the characteristics of 'good enough' parenting. The distinguishing factor, however, is the degree to which the parent performs the parenting indicator. With 'intensive' parenting, the child's independence and autonomy are undermined and his/her natural abilities and uniqueness are overlooked. By investing so much in parenting, the parent expects the child perform above average in that which he/she attempts and fails to allow the child to discover his/ her independence.

This introduces some of the risks of 'good' and 'intensive' parenting, which will be discussed in more depth next.

3.4.2.3 Criticisms associated with 'good' or 'intensive' parenting

Three qualitative studies examined the perceptions of mothers about 'good' parenting. In Pedersen's study (2012:236), the group of mothers described this level to be "too demanding", requiring constant access to the child, too much time spent in direct contact with the child, and intense emotional engagement (Pedersen 2012:236). The perspectives of 'good' parenting parent participants in Widding's study (2016:53-54) were reported to be similar. The "good parent" was described as a responsible character who strives for the best for their child; sincerely engages constantly with the child; ensures that the child has constant support and is listened to, especially when troubled; engages frequently and actively with the child; assists the child with practical things like homework and recreational activities; and is totally present for the child and is child-centred at all times (Widding 2015:53-54). It can be concluded that such intensive caring, although well-intended, does not offer a developing child much opportunity to resolve challenges independently, learn to cope with criticism, or problem solve, all of which facilitates social and emotional intelligence.

Low-income mothers who participated in Romagnoli and Wall's study (2012:279) found that the indicators of this level of parenting were far too demanding. They shared that it was a struggle to simply provide for their children's most basic needs, let alone fulfil the intensive parenting requirements. For this vulnerable group, even 'good enough' parenting demanded ingenuity and sacrifice to secure resources and create opportunities for their children to participate in activities for extending them. More recently, Dermott and Pomati (2016:139) refuted this, concluding in their study that assumptions that parents of lower SES, with low educational levels, are unable to practice "good parenting practices" are inaccurate.

'Good' or 'intensive' parenting has high expectations of the parent. Parents are required to keep abreast of educationally goal-oriented techniques and update their parenting skills

through reading books and taking part in parenting courses to ensure that they are competent to raise their children (Ramaekers & Suissa 2014:43). The standards set for them are near impossible. They have to be constantly rational; shape actions according to knowledge rather than personal intuition; and apply tried and tested parenting techniques that have been taught with skill. This is suggestive of the “professionalizing” of parenting (Widding 2015:53). It has been criticised for several reasons. One such reason is presented by Reece (2013:46):

- Because of the heavy emphasis on behavioural techniques, it is too controlling, moulding the child to introject parental values and imitate the parent, rather than facilitate the child’s development of the true “self”.

Further criticisms by Romagnoli and Wall (2012:273) refer to the political implications of promoting intensive parenting:

- It promotes notions such as parental responsibility, self-governance, and self-responsibility. These are linked to neo-liberal notions of parental responsibility driven by governmental intentions to reduce social spending and reduce governmental responsibility for managing social problems (Romagnoli & Wall 2012:273-276).
- Parents are made to feel totally responsible for the safety and well-being of their children. They are held accountable for their children’s success or lack of success. This considerably reduces the state’s obligations to offer supportive services and resources to families and relieves the responsibility of the state for having to answer to their lack of engagement in supporting family life (Romagnoli & Wall 2012:273; Nelson 2010:2-5).
- It demands significant material and personal resources of parents. To mention a few: economic security, time off from work, stronger support from a partner, financial resources to hire help, self-confidence and efficacy to cope during challenging times, and accessible support services (Romagnoli & Wall 2012:276). Chapter Two provided a clear indication that the infrastructure required for ‘good enough’ parenting, let alone ‘intensive’ parenting, was lacking, making the attainment of this level of parenting very difficult for disadvantaged groups, deepening the divide between the children who belong to the “have” and “have not” groups.
- The values that drive ‘good’ parenting increase the judgement of disadvantaged parents, portraying them as parents who are lacking (Romagnoli & Wall 2012:273), which increases societal interference in the lives of this sector of parents (Choate & Engstrom 2014:376).

It is noted in the literature that 'intensive' parenting has resulted in some unanticipated outcomes:

- Studies of babies and young children who were raised by "super parents" reported that their young ones suffered "baby burnout" (Lambe 2005:28). The explanation being that everything was done for them. Their creativity and willingness to explore the unfamiliar was smothered. Their participation in heavy schedules led to them to lose the art of just learning to "simply be". They became fearful and hesitant to attempt new situations, doubting their ability to be good enough to do things on their own. These factors stunt their development over time. This contradicts the assumptions of 'good enough' parenting. As suggested by Kotaman (2013:39), the best parenting performance comes from parents who understand that their role is to raise their children to grow up to be free, independent, self-reliant, and self-sufficient adults. This can only be achieved when the growing child is granted space to develop at his/her own pace, helped to recognise that he/she is capable of autonomy, and will be accepted for his/her authenticity.
- Parents' natural intuitive skills and practices are replaced by professional ones, resulting in parenting becoming a mechanical process that allows limited time and space for spontaneity, love, and affection (Reece 2013:48; Widding 2014:43). Professionalisation undermines the natural relational quality that authors such as Winnicott and Bettelheim emphasised as being critical for child well-being (Dermott & Pomati 2016:126; Lambe 2005:29).
- Parenting at this level comes at great cost to the mother, because parental competition and overscheduling are tiring, feed feelings of incompetence, and causes fatigue and confusion (Lambe 2005:29). When a child fails, even when the child fails to exceed average intellectual performance, the 'intensive' parent blames himself or herself and is left with feelings of guilt and inadequacy (Romagnoli & Wall 2012:276).

Whilst it has been noted that in the last few decades 'intensive' or 'good' parenting has become the dominant parenting culture in Western societies, several counterproductive outcomes associated with it have been observed. This discussion confirmed that despite 'good enough' parenting being situated lower on the parenting continuum; its outcomes are not less favourable than those of 'intensive' parenting. In fact, it pointed to the possibility that children who receive 'good enough' parenting are better prepared for becoming autonomous, self-directed individuals than those exposed to 'intensive' parenting. On the negative side, if 'good enough' parents are disadvantaged, they are likely to be challenged to provide their children with the resources needed to fulfil the 'intensive' parenting requirements, excluding them and increasing the inequity of opportunities for children. In the absence of state support,

disadvantaged children find it increasingly difficult to achieve social progression. Of interest for this study was the extent to which circumstantial factors excluded Welbedacht East parents/ primary caregivers from engaging in this level of parenting and whether they considered this level of parenting realistic and relevant for them.

3.4.3 Negative parenting ('risky' or 'bad' parenting)

Negative parenting (also called 'risky' or 'bad' parenting) is the term used to refer to the parent's inability to maintain a positive parenting relationship with a child or children. It is characterised by the failure of the parent to satisfy the key constructs of positive parenting (Seay et al 2014:207). It is the antithesis of 'good enough' parenting (Kellelt & Apps 2009:46). Whilst family practitioners are expected to be well-informed about how to distinguish between 'bad' or 'risky' parenting and 'good enough' parenting, the distinction remains largely dependent upon the assessor's perceptions (Kellelt & Apps 2009:30). Too often, these are linked to notions of social class and gender (Smith 2011:691; Widding 2015:59) which results in the problematising of parenting within working class families, especially minority ethnic groups.

3.4.3.1 *Characteristics of 'bad' or 'risky' parenting*

The key constructs of negative, 'bad' or 'risky' parenting most frequently referred to in the literature are presented in the table below using the categories of Kellelt and Apps' study (2009:27-32) to structure the presentation.

Table 3.5: Characteristics of ‘bad’ or ‘risky’ parenting

Domain of child well-being	Characteristics	Source
Foundational competence of parent	<ul style="list-style-type: none"> • Characteristically puts self before the child. • Psycho-social problems go untreated: use of drugs and alcohol to manage personal issues; depression or mental health issues; and personal relationships with a partner or extended family members takes precedence over the child. • Poor parental control and responsibility: exposing child to drug and/or alcohol misuse; domestic violence; lack of protection from deviant role models. • Unwilling to fulfil parental responsibilities, and/or immature parenting. • Resists help from others. 	<p>Choate & Engstrom 2014:371; Kellett & Apps 2009:29; NSPCC 2014; Ramaekers & Suissa 2012:90</p> <p>Choate & Engstrom 2014:371; Kellett & Apps 2009:29; NSPCC 2014; Ramaekers & Suissa 2012:90</p> <p>Choate & Engstrom 2014:372; Kellett & Apps 2009:29; Ramaekers & Suissa 2012:90; Taylor et al 2000:114; Widding 2015:45</p> <p>Taylor et al 2000:114; Widding 2015:55</p> <p>Kellett & Apps 2014:30</p>
Physical health, development and safety	<ul style="list-style-type: none"> • Poor effort made to meet the basic needs of the child: food, hygiene, safety, and basic care. • Lack of order in the home, and/or absence of routine for children. • Neglectful of monitoring the child’s whereabouts and activities. • Evidence of neglect/abandonment • Evidence of physical, sexual and/or emotional abuse 	<p>Choate & Engstrom 2014:371; Kellett & Apps 2009:29; NSPCC 2014; Ramaekers & Suissa 2012:90; Taylor et al 2000:114</p> <p>Kellett & Apps 2009:29; NSPCC 2014; Ramaekers & Suissa 2012:90</p> <p>Johnson et al 2014:96; Widding 2015:55</p> <p>Taylor et al 2000:114; Widding 2015:55</p> <p>Taylor et al 2000:114; Widding 2015:55</p>

Psychological and emotional development	<ul style="list-style-type: none"> • Cruel control of the child, and/or provoking the child. • Inconsistent, lax discipline. • Demonstrates low levels of parental warmth and parental attachment. • High levels of criticism, negativity, and/or parent-child distance. • Fails to recognise child's developmental delays. 	<p>Taylor et al 2000:114</p> <p>Ramaekers & Suissa 2012:90</p> <p>Daniel 1999:183; Taylor et al 2000:114; Widding 2015:55</p> <p>Daniel 1999:183; Taylor et al 2000:114; Widding 2015:55</p> <p>Kellett & Apps 2009:29; NSPCC 2014; Woodcock 2003:99</p>
Social development and behaviour	<ul style="list-style-type: none"> • Harsh parental control. • Harmful, cruel discipline. • Fails to recognise child's problematic behaviour. 	<p>Ramaekers & Suissa, 2012:90; Taylor et al 2000:114; Widding 2015:55</p> <p>Taylor et al 2000:114</p> <p>Kellett & Apps 2009:29; NSPCC 2014; Woodcock 2003:99</p>

It is acknowledged that often these indicators of parenting are easier to detect than 'good enough', or 'good' or 'intensive' parenting indicators. Attention is directed to some of the criticism linked to the classification of 'bad' or 'risky' parenting.

3.4.3.2 Criticisms of bad or risky parenting assessments

These constructs of negative parenting are criticised for different reasons. Firstly, the identification of 'risky' or 'bad' parenting may be a matter of timing, because realistically all parents experience good and bad parenting days. What is observed may be linked to an episodic reaction to a horizontal or system level stressor. Therefore, for practitioners to label parenting as 'bad', assessments must be made over a longer period of time and signs of concern monitored to determine whether they are once-off, episodic, or regular occurrences (Kellett & Apps 2009:31). Thirdly, as pointed out by Taylor et al (2000:116), the social context of parenting tends to be ignored or underplayed when these judgements are made. Fourthly, Choate and Engstrom (2014:371) challenged Kellett and Apps' (2009:27-32) framework for failing to mention serious matters of child abuse, such as physical, sexual and emotional abuse, but they were added to the table above as others had called for their inclusion (Taylor et al 2000:114; Widding 2015:55).

As suggested by North (2013:24-25), a fairer assessment of 'risky' or 'bad' parenting is one that differentiates between two groups: parents who deliberately commit acts of cruelty against a child causing immeasurable harm, and parents who unintentionally commit harm as a result of multiple intersecting circumstances over which they have little control. In the first category, parental legal rights to parent their children are most likely to be removed by the courts (Shields 2016:163) to protect the children from such harmful parental actions. The second group is the category referred to in Kellett and Apps' framework (2009:27-32).

North (2013:25) estimates that about 90 per cent of 'risky' or 'bad' parenting is unintentional, with psycho-social and economic factors being primarily responsible for parental stress that compromises the parent's ability to fulfil the key construct of parenting. She identifies stress, undiagnosed mental conditions, low income, learning difficulties, substance abuse, domestic violence, and emotional and social problems stemming from the poor parental care that the parent received during his/her childhood as responsible (North 2013:25). Much has been written about parents who themselves grew up in homes lacking structure, safety, love and care, who continue to perpetuate these patterns (Hoghughy & Speight 1998:295; North 2013:25; Schofield et al 2014:973; Seay et al 2014:201; Smith 2010:690). As suggested by North (2013:25), parents who fall into this category often lack adequate information to guide their decisions. As an example, she refers to a parent who lacks positive role models when

growing up, allocates too much responsibility to a young child, and expects the child to care for a younger sibling purely because his/her knowledge about the developmental competencies and needs of children is lacking. When parents receive education on how to engage in positive parenting and this knowledge is combined with a developed programme for parents to equip them with skills to reduce and/or prevent child abuse, the harmful effects may be negated (Seay et al 2014:207). This presented hope for improving the parenting practices of the Welbedacht East community.

The definition of 'risky' parenting has typically been associated with vulnerable families situated in lower income communities (Kellett & Apps 2009:37; Ramaekers & Suissa 2012:88; Widding 2015:55). As an example, Widding (2015:46) notes that in Britain, poor parenting is equated with "ineffective discipline practices, lack of maternal support, low parental supervision, and lack of attachment". This discourse is consistent with the findings from the study of Swedish parents' perceptions of 'good' and 'bad' parenting, as conducted by Widding (2015:45-46). 'Bad' parents were described by participants as parents who were insecure and irresponsible, who failed to engage with their children, and offered them low levels of support, poor supervision, and little or inconsistent discipline (Widding 2015:59). These expectations of parenting overlook the different priorities of low-income families, which differ only by necessity. Priorities of families in this category are typically to secure shelter and food for their children (Romagnoli & Wall 2012:284)

In many instances parents are disadvantaged by the "system" and then labelled for their lack social capital (Gidley et al 2010:133) and judged for their inability to provide opportunities and resources to secure their children's well-being (Choate & Engstrom 2014:372). A study conducted by Davies et al (2008:214-222) found that children transport constraints, finances, insufficient community facilities, safety issues, and housing contributed to their social exclusion at school. These external stressors, situated in the outer ecological sphere, challenged their resilience and they suffered because the state failed to provide their families with friendly, safe, and appealing spaces where they could raise their children (Davies et al 2008:219).

This concludes the discussion around 'risky' or 'bad' parenting. The impact of the different levels of parental care are indicated in the diagram that follows.

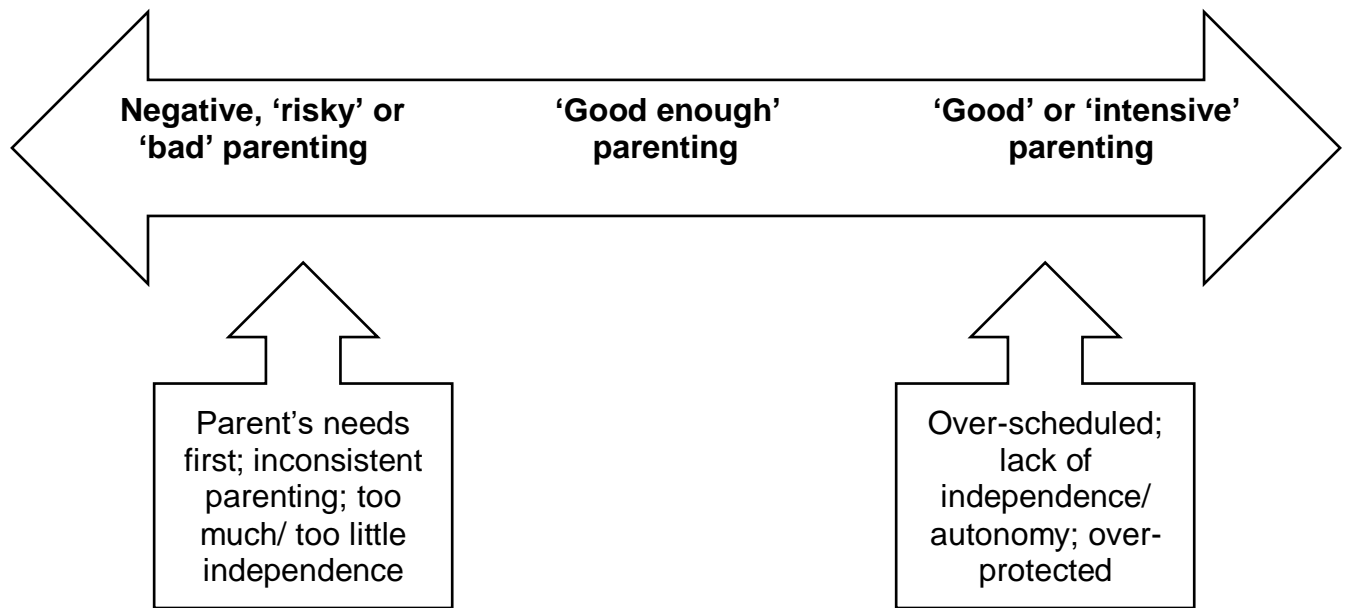


Figure 3.5: The impact of the different levels of parental care

It is evident that 'good enough' is the term used to denote that no parenting meets the ideal but can be good enough to meet the child's basic needs (Taylor et al 2000:119). The best parent is not necessarily the one who is the most active or involved parent, nor is it the one who parents the least, but it is rather the one who is able to parent "just the right amount" (Gray 2015).

The literature reviewed offers a valuable collection of scholarly opinions about 'good enough' parenting which was needed for two reasons: as a literature control for the analysis of the findings related to the Welbedacht East parents'/ primary caregivers' perceptions and practices of 'good enough' parenting, and as an empirically-based body of knowledge to be considered when formulating the goals and objectives of the locally specific parenting support intervention.

The next section summarises the contents of this chapter.

3.5 CHAPTER SUMMARY

The purpose of this chapter was to highlight the intrinsic value of childhood, the importance of promoting the well-being of children, and to explore the role expected of parents in upholding the well-being of their children. To achieve this purpose, some national and international measures implemented to advance healthy parenting were considered and parenting, assessing parenting, and the continuum of parenting care were discussed.

Broad definitions of parenting as a relationship, process, and the expected level of parenting actions were deliberated before introducing the concept of 'good enough' parenting, as coined by Winnicott (Choate & Engstrom 2014:369; Houghugh & Speight 1998:293). His ideas of 'good enough' of parenting were explored and expanded to include Bettelheim's (1987) contributions. The metamorphosis of 'good enough' parenting into basic constructs now used to assess the minimum level of parenting required to maintain the child's well-being was traced. To link the importance of the well-being of children and the role that parents should be playing in this, the researcher integrated the indicators of the CFCW (Lippman et al 2009) with scholarly indicators of 'good enough' parenting in the hopes that parental responsibilities in the four domains of child well-being would be clearly identified: physical health, development and safety; cognitive development and education; psychological and emotional development; and social development and behaviour. This process confirmed that 'good enough' parenting is considered as a primary means of uplifting the well-being of children.

The disparate levels of parental care that children experience can be plotted on a crude continuum of parenting, ranging from 'risky' or 'bad' parenting, to 'good' or 'intensive' parenting, with 'good enough' parenting being situated mid-way. These levels of parenting are in no way found to be discrete. They are academic approximations of levels of parenting care that children are exposed to.

The conclusion reached was that the concept 'good enough' parenting is a term used to denote that no parenting meets the ideal but is enough to promote the child's healthy development and well-being (Taylor et al 2000:119). It also highlighted that the best parent is not necessarily the one who is the most active or involved, nor the one who parents the least, but rather the one who is able to parent "just the right amount" (Gray 2015). Nonetheless, it was still recognised as placing heavy demands on parents, who require access to markets, services, crisis services and spaces as outlined in Section 2.4, and support from all the ecological systems discussed in Section 2.6, to satisfy the parenting indicators presented. The scholarly indicators of 'good enough' parenting would be used to frame the perceptions of the parents/ primary caregivers of Welbedacht East and their practices of 'good enough' parenting.

The next chapter discusses the research methods that were applied to fulfil the requirements for Phase 1 of the IDD Model: problem analysis and project planning. It presents the researcher's experiences of the operationalisation of the five steps of this phase, namely: how she gained entrance into the community and obtained their cooperation to conduct the

research, how she identified and involved the Welbedacht East participants in the research process, how their concerns were identified, how these concerns were analysed, and how the goals and objectives for the locally specific parenting support intervention were determined. The chapter offers more detail on the procedures followed and the modifications that needed to be made to the original research plan outlined in Section 1.7 to accommodate the realities encountered during the fieldwork. It includes some of the researcher's reflections of the research decisions that were taken.

CHAPTER FOUR:

AN APPLIED DESCRIPTION OF PHASE 1 – PROBLEM ANALYSIS AND PROJECT PLANNING

4.1 INTRODUCTION

This chapter will focus on how the research methodology, a qualitative approach, using an exploratory, descriptive, contextual case study design, was used in the study to operationalise the IDD model to achieve the two purposes of the research. The first purpose was to understand what the Welbedacht East parents'/ primary caregivers' perceptions and practices of 'good enough' parenting was, and the second, to determine what parenting support intervention was needed by the community to improve the quality of parenting that the children who were under nine years of age received.

After introducing the study in Chapter One, and presenting the statement of the research problem, the researcher explained the relevance of using a qualitative, exploratory, descriptive and contextual case study facilitated by the application of the IDD. A detailed outline of the intended research plan was shared, as well as the rationale behind the selection of specific research methods that would be applied during the study for Phase 1: Problem analysis and project planning. Chapter Two situated parenting within a bioecological and social inclusion theoretical framework that explained the range of systemic forces that influence parenting practices. It made specific mention of the realities as experienced by parents raising children in LSEEs. Chapter Three introduced the global indicators of child well-being and theoretical descriptions of what constitutes 'good enough' parenting, as relevant to professional expectations, to inform what is expected of parents to contribute to the basic well-being of children.

This chapter offers a more comprehensive and sequential understanding of the research methodology and methods, explains how the first phase of IDD, problem analysis and project planning, was operationalised, and provides details of the following: identification of participants, gaining entry and cooperation from the community, involving participants in identifying their concerns about parenting, analysing the identified concerns, and setting goals and objectives for a culturally and contextually relevant parenting intervention. Related research methods as operationalised in Phase 1 of the IDD are detailed, such as the selection of the research populations, samples and sampling strategies; the application of semi-structured data collection tools and interview guides; the development of a locally specific

action group; selection and training of research assistants; data-recording, transcribing and translating interviews; data verification; data analysis; the consultation workshop; and adherence to research ethics.

There are three main reasons for discussing the operationalisation of the research methodology and methods before presenting the findings, according to Shenton (2004:71-72).

Firstly, it explains how and why the research process deviated from the proposed research plan, noting the unforeseen developments in the research field and the researcher's adaptations of the research methodology and methods, in the instance of this research. Welbedacht East is a disadvantaged, disempowered community that experiences low levels of social cohesion and has historically been excluded from making decisions about matters and services that affect the community. The researcher had to adapt the research process accordingly to ensure that the research processes remained contextually and culturally relevant, whilst simultaneously satisfying the research rigor expected of the IDD process.

Secondly, it provides operational detail about the data gathering methods to strengthen the dependability of the findings. The intention is to offer as much detail as possible, accounting for each research step taken.

Thirdly, it enables readers to comprehend what methods were used to appraise the process of inquiry. At the end of this chapter it is hoped that the conclusion will be that the researcher undertook suitable precautionary measures to defend the credibility, transferability, dependability, and confirmability of the outcomes of this study (Thomas & Magilvy 2011:152).

To these three, the researcher has added that it draws attention to the principles for social work research espoused by D'Cruz and Jones (2014:6-7), as discussed in Section 1.4 (the rationale for the study) and Section 1.12 (the ethical considerations). To recap, the principles were to adopt a participatory/developmental approach that integrated anti-oppressive values, and established a partnership between the researcher and those who were being researched. These principles were consistent with her intention to practice cultural competence throughout the research process that therefore would be recognised in the application of the research methodology and methods. As stated, a contextually and culturally relevant parenting intervention was required, one that would demonstrate a genuine commitment to integrating local strategies of 'good enough' parenting (Gray & Coates 2008:16), respect their diversity (D'Cruz & Jones 2014:51), give voice to the contextual realities of raising children in their

community, and engage them through the process of developing the locally specific parenting support intervention.

The chapter commences with an orientation to the application of the research process.

4.2 THE APPLICATION OF THE QUALITATIVE RESEARCH PROCESS

To achieve the outcomes of the research objectives, the research steps and methods were applied in sequence as represented in the schematic diagram below. The diagram details the procedural elements applied as relevant to the IDD model used for the study.

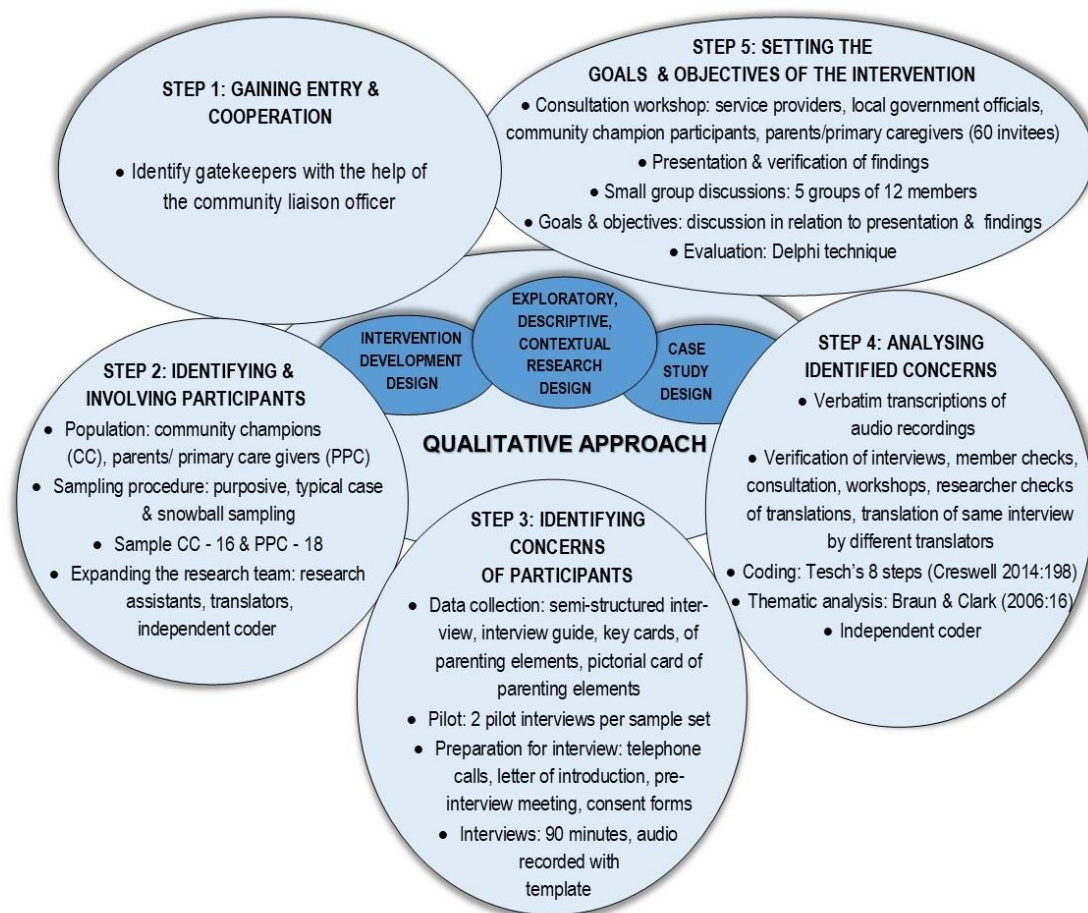


Figure 4.1: Diagram representing the research process of the study

The research was tentative and conducted on a small scale. A case study design was used to gather information to inform a support intervention for parents/ primary caregivers living in Welbedacht East, that relied on the IDD model to ensure that scientific rigor of the research process was constantly followed. This part of the chapter outlines the research methodology

and methods as were applied to achieve the research goal. It commences with the discussion of the application of the qualitative research approach.

4.3 THE QUALITATIVE RESEARCH APPROACH

In order to achieve the research goal, an in-depth understanding of the parents'/ primary caregivers' subjective experiences of parenting was needed, one that relied on the explanations, descriptions, and personal interpretations of their experiences of parenting in Welbedacht East which, as suggested by Ponterotto (2005:128), implied a qualitative approach. The qualitative approach enabled the researcher to stay with the subjective experiences of the parents/ primary caregivers so that the meanings they ascribed to 'good enough' parenting could be interpreted (Creswell 2014:246; Monette et al 2011:225). This was intended to produce "knowledge for use" (Barbour 2000:157), because through the developed understanding of the social processes of parenting within Welbedacht East, a contextually and culturally appropriate parenting support intervention would be developed. It appealed to the researcher, because as pointed out by Siddiqui (2014:130), qualitative studies are useful for social preference research. By directly involving the parents/ primary caregivers in the research process, the researcher would develop an understanding of their social values (Siddiqui 2014:130), treatment needs, desires, and barriers (Boyd, Diamond & Bourjolly 2006:189). It would also acknowledge the local parenting knowledge and resources (Block et al 2012:69; Marlow 2011:11), and incorporate them into the development of a locally specific parenting intervention.

Qualitative research has distinct characteristics, as mentioned by several authors (Creswell 2014:185-186; D'Cruz & Jones 2014:63-65; Marlow 2011:11; Monette et al 2011:39-40; Rubin & Babbie 2013:40-42). These distinctive characteristics are summarised in table format to detail the characteristics and their operationalisation in the context of this study.

Table 4.1: Characteristics of qualitative research and their application in this study

Characteristic of qualitative research	Its application to the study
<p>The personal and subjective experiences of participants were of importance for developing an emic view (Daymon & Holloway 2011; D'Cruz & Jones 2014:63; Monette et al 2011:40; Rubin & Babbie 2013:40).</p>	<p>Semi-structured interviews were conducted using an interview guide. Open-ended questions were asked in a flexible manner, using probes to encourage participants to focus on what they considered to be important. Clarification questions were asked to check participants' "meanings" throughout interviews. Recording the interviews using a digital recorder meant they could be transcribed verbatim, capturing participants' responses accurately. An independent coder ensured that the focus remained on participants' "meanings".</p>
<p>Depth and contextual detail of participants' perspectives were needed to enable the development of a holistic and contextualised view of the meanings participants constructed through their interactions with their world (Daymon & Holloway 2011:9; D'Cruz & Jones 2014:63; Marshall & Rossman 2016:3; Monette et al 2011:39; Rubin & Babbie 2013:42).</p>	<p>Interview guide questions were open-ended and designed to encourage discussion about the multiple factors that impacted on the parenting practices of parents/ primary caregivers living in Welbedacht East, situating their positive and negative stressors within each of the bioecological spheres.</p>
<p>The researcher was the key instrument and collected the data personally, interfacing directly with participants and community members in Welbedacht East (Creswell 2014:186).</p>	<p>Extensive time was spent in the field developing good relationships with community members. The data collection process relied on face-to-face contact with participants and spending time getting to know them. The researcher was responsible for conducting and transcribing 24 of the 30 interviews analysed. Three isiZulu interviews were conducted by an isiZulu research assistant and four isiXhosa interviews were conducted by an isiXhosa research assistant.</p>
<p>The research procedures were semi-structured and evolved to make sure that the researcher remained "in step" with participants and what was happening in the field (Creswell 2014:186; Daymon & Holloway 2011:8; Marshall & Rossman 2011:3; Rubin & Babbie 2013:40).</p>	<p>A general research plan was developed at the outset, but adapted or changed upon receiving feedback from participants. For example: questions were adapted in the interview guides as suggested by community members; key cards were developed to make the interview questions easier for participants whose literacy levels were low; a group meeting was replaced by more intensive contacts with four key community champions; the selection of the participants was determined by community champions; some interviews, where the meanings had been lost through inaccurate translation, were excluded and researcher returned to the field to conduct more interviews; and the research time frame was adjusted to accommodate developments in the research field and members of the research team.</p>
<p>The approach to the research was naturalistic (Creswell 2014:185; Daymon & Holloway 2011:9; Marshall & Rossman 2011:3; Rubin & Babbie 2013:42).</p>	<p>The research was based in Welbedacht East and interviews, research meetings, the consultation workshops, and feedback sessions took place in the community at ECD centres, FBOs, the homes of community members, and community project sites.</p>

	Four community champion interviews were conducted at the offices of service providers for their convenience. The researcher interacted informally with community members throughout the research process.
The researcher and participants were partners in the research process, and produced and interpreted knowledge together (Daymon & Holloway 2011:7-8; Marlow 2011:11; Marshall & Rossman 2011:141; Monette et al 2011:235)	This required the researcher to maintain intense and prolonged contact with participants before, during, and after data collection and throughout the development of the parenting support intervention. Participants were reminded throughout that their personal perspectives and local knowledge of parenting were more relevant than the researcher's knowledge or personal experiences. Four community champions, who are residents of Welbedacht East, were consulted at each step of the research process. The interview findings were shared with participants at a consultation workshop where their interpretations could be collected.
The researcher had to be reflexive and explicitly acknowledge biases and values that influenced her objectivity during the research process to avoid them swaying the direction of the study (Creswell 2014:186; Daymon & Holloway 2011:9; Marlow 2011:11).	All transcriptions were e-mailed to the researcher's supervisor for her to review to ensure that both the researcher and the research assistants had remained neutral. Supervision provided a space for the researcher to vent her feelings and value dilemmas. Participation in a PhD support group provided a confidential opportunity for the researcher to reflect on her personal feelings and experiences that could have potentially interfered with the research process. Personal feelings and insights were noted in a research journal that was consulted during the analysis phase, before supervision or PhD support group meetings.
An inductive and deductive process was used during data analysis to make sure that the themes emerged from the data up and then additional information was located to support them (Creswell 2014:186; Marshall & Rossman 2011:3).	In most cases, the researcher was responsible for collecting the data, transcribing the interviews, cleaning the transcriptions for coding, reading and rereading the transcriptions to code them, and developing themes that were cross-checked with the independent coder. Coded transcripts were developed into a report of the themes. Thematic analysis (Braun & Clarke 2006:77) and Tesch's eight coding steps (Creswell 2014:198) were used in the process.
Data was gathered from multiple sources, made sense of, and organised into different themes that were found to be common to the data sources (Creswell 2014:185-186; Liamputtong & Ezzy 2005:2; Marshall & Rossman 2011:3).	The data consulted included information gathered from interviews with 16 Community champions and 21 parents/ primary caregivers (14 were retained for analysis), as well as from educational resources about parenting, municipal publications, consultations with seven experts in the field, research field notes and research diary, and a "Learning Through Play" parenting course.

Having noted the distinctive characteristics of the qualitative approach as relevant to the context of this study, the application of the research design that was applied will now be reviewed.

4.4 THE RESEARCH DESIGN APPLIED

The metaphorical description of the research design as being “the bridge between conceptualizing and operationalizing research” (D’Cruz & Jones 2014:84) introduces the purpose of discussing the research design in this section of the chapter. A “highly theorized” presentation of the practical research activities chosen to achieve the research goal and objectives (D’Cruz & Jones 2014:84) was presented in Chapter One. Instead, the implementation of the “theorized” plan is discussed in this section. The discussion commences with the exploratory, descriptive, contextual and case study design that she chose for her study. After which she will describe her application of the IDD Model, that she used to provide structure to the research process so that it went beyond developing an understanding of the parents’/ primary caregivers’ perceptions and practices of ‘good enough’ parenting, to using the understanding to develop an intervention technology (Bailey-Dempsey & Reid 1996:209) to improve the quality of parenting in Welbedacht East.

4.4.1 Exploratory Research Design

The researcher’s intention was to find out about the perceptions and practices of ‘good enough’ parenting of the Welbedacht East parents/ caregivers of children under nine years of age, because little was known or documented about this. According to Marlow (2011:38), Royse (2011:27), and Rubin and Babbie (2013:50), an exploratory strategy is relevant when little is known about the research subject. Given the policy direction to prioritise support to parents to enhance parenting practices (White Paper on Families in South Africa 2013), this flexible strategy enabled the researcher to generate knowledge within this locally specific context (D’Cruz & Jones 2014:21; Rubin & Babbie 2013:50).

4.4.2 Descriptive Research Design

She positioned herself as the “key instrument” in the research process (Creswell 2014:185), so that she “observed first and then described carefully” what she had learned from the parents/ primary caregivers about their experiences of parenting. These included the resources they lacked or had at their disposal, their perceptions of their interactions with service providers, those aspects about parenting they prided themselves on, and what their parenting aspirations and efforts were (Rubin & Babbie 2013:51). The semi-structured interview guide used for the face-to-face interviews enabled the researcher to gather descriptive data which helped her to frame her understanding of the common behaviours, beliefs, social structures, and processes that parents/ primary caregivers understood as influencing their parenting practices (Marshall & Rossman 2011:69). The richness of these

descriptions was documented. The participants were purposively selected for these interviews, because they were perceived to be the best suited and informed people to detail parenting practices in Welbedacht East (Marlow 2011:37).

4.4.3 Contextual Research Design

The contextual design strategy enabled the researcher to develop a more holistic understanding of participants' perceptions and practices of 'good enough' parenting as situated within their broader contextual realities. This was achieved in two ways. Firstly, by interviewing purposively selected samples of community champions and parents/ primary caregivers to reflect different perspectives of parenting in this community. Secondly, by applying open-ended questions in interviews where participants knew that their confidentiality was protected and that the researcher was genuinely interested in their realities. The participants were free to speak about the socio-structural environment that positively or negatively influenced their ability to care for their children, which brought the "context" and "setting" of parenting in Welbedacht East to the fore (Neuman 2012:92).

4.4.4 The Case Study Design

The study targeted a relatively small number of participants (37), from a locally specific community, using an exploratory, descriptive, and contextual research design. The link between the case study research design and the exploratory, descriptive, and contextual research design, as espoused by different scholars, and its relevance to this study will be explained (Creswell 2014:14; Maree 2007:76; Monette et al 2011:442; Royse 2011:262; Rubin & Babbie 2013:250; Swanborn 2010:13). The research was undertaken within the boundaries of one social system, namely the locally specific low-cost housing project of Welbedacht East (Creswell 2014:14; Maree 2007:76; Swanborn 2010:13). Two related broad questions framed this research: "What are the Welbedacht East parents/ primary caregivers' perceptions and practices of 'good enough' parenting?" and "What should a locally specific parenting support intervention entail for the locally specific community of Welbedacht East?". These developed into more precise research questions as discussed in the description of the data research tools used in this study (Swanborn 2010:13).

The intention was to explore the relationships parents/ primary caregivers have with each other and the community at large, whilst addressing their parenting roles and functions, so that descriptions and meanings could be assigned to their experiences (Maree 2007:76; Royse 2011:262; Swanborn 2010:13). Information gathered from questions in the interview guide related to this could be used during data analysis. The researcher's interest was in their narratives rather than the enumeration and categorisation of the findings (Monette et al

2011:442). The research was conducted in the Welbedacht East community, in the real-life context of those involved in the study (Maree 2007:76; Swanborn 2010:13). Multiple appropriate sources of data were consulted and collected, which are considered as essential in contextual case studies (Monette et al 2011:443). The range of sources recommended by authors (Creswell 2014:14; Maree 2007:76; Monette et al 2011:443; Royse 2011:263; Rubin & Babbie 2013:250) that were used have been tabulated:

Table 4.2: Sources consulted during the research process

Type of resource	Applied description
Research participants.	16 community champions 21 parents/ primary caregivers (14 retained for analysis).
Educational resources about parenting and parenting programmes and early parenting support interventions.	A literature study was undertaken using various databases linked to EBSCOhost, such as Academic Search Premier, ERIC, PsycINFO, Social Work Abstracts, and SocINDEX, as reflected in the bibliography.
Municipal publications.	Published reports about Welbedacht East.
Experts in the field.	Save the Children South Africa, Chatsworth Child and Family Welfare Society, FAMSA, the Directive of Family Programme Social Development, an eThekweni Municipality official, a social worker in private practice, and a parenting programme consultant in Gauteng.
Participation in a culturally adapted parenting programme.	The researcher attended a parenting programme called "Learning Through Play", developed by the City of Toronto Public Health Department, which demonstrated how a programme had been adapted for ethnic diversity.
Research field notes and research diary (Swanborn 2010:13; Monette et al 2011:443).	These provided contextual information and clarity during the verification of data and the analysis phase.

4.4.5 Intervention Research

Intervention research was chosen because, as noted by D'Cruz and Jones (2014:10), professional social work practice requires innovative responses to address new and changing situations. In addition, diverse populations need programmes that have been developed, adapted and tested, to make sure that they are culturally relevant and meet the needs of the potential users (Bernal 2006:144; Rubin & Babbie 2013:317). Existing parenting programmes have not specifically been developed for diverse families experiencing multiple stressors living in high density, low socioeconomic neighbourhoods. The researcher had struggled to find local literature and examples of research that developed culturally and contextually relevant interventions for parents in this grouping. Typically such interventions, particularly parenting programmes, have been developed for English-speaking, Caucasian families (Matos, Torres, Santiago, Jurado & Rodríguez 2006:20; Richter & Naicker 2013:viii) and originate from

middle- to high-income countries, mainly in the Northern Hemisphere. Siddiqui (2014:124) rightfully questions the advantages of using programmes that fail to integrate a community's needs and values and rely on vertical rather than horizontal approaches. Moreover, Siddiqui (2014:124) contests that current programmes overlook the real issues that underlie the community's problems. Guided by this, The research design chosen was therefore inclusive of the Welbedacht East community. As noted by Siddiqui (2014:125), participatory processes are more credible, cultivate deeper understandings of the intended users' situations, foster community trust and support, and raise awareness of barriers that preclude users from benefitting from existing interventions. The IDD offered a participatory and systematic way (Fraser & Galinsky 2010:325) for the researcher to develop a culturally and contextually relevant parenting programme for the Welbedacht East parents/ primary caregivers of children under nine years of age.

4.4.5.1 *The relevance of using an IDD for the study*

This design was relevant since it was a non-experimental approach that was flexible, relied on the availability of a small sample, and engaged key people from the community of Welbedacht East, particularly parents/ primary caregivers (Comer et al 2004). The latter indicator was important to this research because, as maintained by Rubin and Babbie (2013:316-317), representatives of marginalised communities should be included in the research process. The researcher's commitment to cultural competence whilst working with the Welbedacht East community was integral to this application (Rubin & Babbie 2013).

4.4.5.2 *The phases and steps of the IDD model*

There are six recognisable phases in the IDD research process, with each phase having distinct operational tasks that will be referred to as steps. The phases and steps are well-presented in the table below, adapted from Fawcett et al (1994).

Table 4.3: The phases and operational steps of the IDD

PROBLEM ANALYSIS & PROJECT PLANNING	INFORMATION GATHERING & SYNTHESIS	DESIGN	EARLY DEVELOPMENT AND PILOT TESTING	EVALUATION AND ADVANCED DEVELOPMENT	DISSEMINATION
Identifying and involving clients	Using existing information sources	Designing an observational system	Developing a prototype or preliminary intervention	Selecting an experimental design	Preparing the product for dissemination
Gaining entry and cooperation from settings	Studying natural examples	Specifying the procedural elements of the intervention	Conducting a pilot test	Collecting and analysing data	Identifying potential markets for the intervention
Identifying the concerns of the population	Identifying the functional elements of successful models		Applying design criteria to the preliminary intervention concept	Replicating the intervention under field conditions	Creating a demand for the intervention
Analysing the identified concerns				Refining the intervention	Encouraging appropriate adaptation
Setting goals and objectives					Providing technical support for adopters

The application of the first three applied phases of the IDD are addressed in different chapters of the thesis. This chapter presents Phase 1 of the IDD. The analysis of the identified parenting concerns of the parents/ primary caregivers is presented over three chapters, namely Chapter Five, Six and Seven. Phase 2, information gathering and synthesis of parenting support interventions as gathered from literature and consultations with professional experts, is presented in Chapter Eight. The procedural elements of the parenting support intervention as developed for the Welbedacht East community will also be presented in Chapter Eight, which completed Phase 3 of the IDD Model. The proposed plans for developing and implementing a pilot version and evaluating the advanced development procedurally (Phases 4 and 5) are not included in the present study, nor will the dissemination of the findings or the programme (Phase 6) be completed beyond that which was indicated in Chapter One. As explained, these phases extended beyond the scope of this thesis. This decision was motivated largely by time and financial constraints. It became apparent that Phase 4, 5 and 6 would be initiated after the submission of the thesis for examination. Moreover, the type of parenting support intervention that emerged from the findings suggested a long-term, comprehensive intervention that would intentionally extend beyond the time limitation of this study. In support of this, Bailey-Dempsey and Reid (1996:209) rightfully propose that progression from one stage to another is tackled only after the key operations of the previous stage have been

achieved. Abell and Wolf (2003:3), in discussing Rothman and Thomas's model, suggest that the six sequential stages do not all need to be completed, nor followed sequentially. This is further reinforced by Comer et al (2004:251), who note that the sequence of design and development methodologies is not always in order, stating that the stages may be cyclical and iterative, and researchers should be permitted to present or publish articles or training materials from their work without having completed the whole process.

Fraser, Richman Galinsky and Day (2009:13) and Bernal (2006:149) suggest that because the IDD is introductory and developmental, it is consistent with qualitative research with exploratory, descriptive, and contextual purposes. The discussion that follows expands on the integration of a case study design in conjunction with Phase 1 of the IDD Model.

This next section expands on the research process as was adopted during Phase 1, and procedurally explains how the research design was applied, noting the adaptations that were made to the original plan.

4.5 THE RESEARCH METHODS AS APPLIED TO PHASE 1 OF THE IDD MODEL: PROBLEM ANALYSIS AND PROJECT PLANNING

Preceding chapters have introduced the motivation behind selecting the parenting practices of Welbedacht East as an issue that desired a solution. Multiple reports had been received about poor parenting practices in the Welbedacht East community from social work students conducting their fieldwork placements in the community. Parents and service providers further requested that the university (UNISA) offer parenting programmes to improve parenting practices within the community. Questioning the value of adopting parenting programmes essentially developed for parents of different socioeconomic status in Western countries motivated the need to explore contextually sensitive options (Bernal & Saez-Santiago 2006:122; Rubin & Babbie 2013:316-317).

The initial step was to complete a research proposal which assisted to conceptualise the research focus. The preliminary literature review identified three areas that required exploration: more information was required about the cultural and contextual relevance of existing parenting programmes for the diverse ethnic groups living in Welbedacht East; information was needed on what early interventions for families consisting of diverse ethnic groups living in low-income, high density neighbourhoods were consistent with the recommended theories mentioned in the White Paper on Families in South Africa (2013), namely developmental, participatory, and strengths-based theories; and contextual

knowledge was needed about what the local residents' definitions of 'good enough' parenting were to determine what early parenting support interventions they considered relevant to strengthen local parenting practices.

Having achieved these tasks, the researcher could proceed with Phase 1 of the IDD. The researcher will confine her discussion of the application of the research methodology and methods to this phase of the IDD model. The subsequent phases as addressed in this study are presented in Chapter Eight.

The key operations within Phase 1 were to identify and involve participants; gain entry and cooperation from the settings; identify the concerns of the populations; analyse the identified concerns; and set research goals and objectives (Comer et al 2004:259 ; Thomas & Rothman, 1994:11). This process is illustrated in the diagram that follows where each step is characterised by the key tasks or activities.

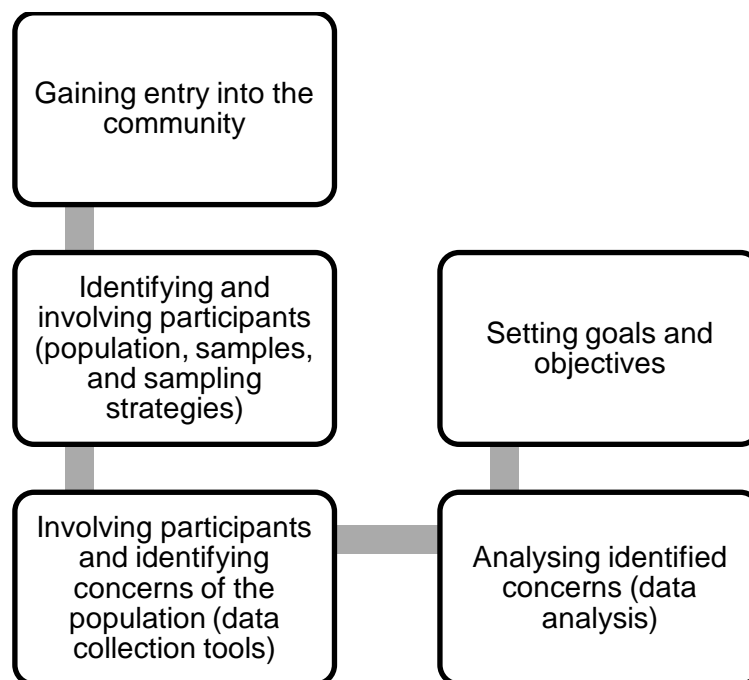


Figure 4.2: The flow of the task operations in Phase 1 – Problem analysis and project planning

This part of the chapter explains how the different steps of Phase 1 of the IDD were implemented during the study. It outlines how the research strategies chosen for the research plan were applied and adapted during the research process, whilst committing to the principles of culturally competent research (Rubin & Babbie 2013:317). By purposely selecting and applying very specific research methods that would generate data that could be integrated

with existing knowledge and resources, a detailed analysis of the Welbedacht East parents'/ primary caregivers' perceptions and practices of parenting was possible. The analysis was needed to establish the goals and objectives for a locally specific parenting support intervention that would be contextually and culturally relevant for the local community. This, according to Van Rooyen (1994:279), is an important objective of IDD research. The guiding culturally competent principles as applied by the researcher should be evident throughout the discussion of Phase 1.

It is noted that the order of step 1 and 2 as relevant to Phase 1 was reversed. Although the researcher was familiar with the community, cultural competence demanded that she demonstrate her respect for the community by gauging their interest in and commitment to the research first. She did this by obtaining permission to proceed from gatekeepers which then enabled her to make contact with key informants who had practical knowledge about parenting practices in the community.

4.5.1 Phase 1, Step 1: Gaining Entry into the Community

To proceed, the researcher was required to gain entry and cooperation from the Welbedacht East community (Rubin & Babbie 2013:316-317) and the consent of the institutional research board (Marlow 2011:66; Rubin & Babbie 2013:290) and UNISA's Research and Ethics Committee. The research proposal was submitted and was granted ethical clearance in January 2016 (cf. Addendum A).

As advocated by Naidu and Sliep (2011:435), contextually relevant research requires a participatory approach that promotes learning by, with, and from community members, leads to a positive relationship between the researcher and the community, and ensures that community interests and values are accurately represented during the research process. Before entering the community, the Community Liaison Officer of eThekweni Municipality who serves Welbedacht East was contacted to identify who the appropriate gatekeepers of the community were. He advised the researcher that the War Room Committee had been disbanded. This meant that the War Room Committee would not be the entry point for the research. Therefore, letters of introduction and an explanation of the purpose of the research were prepared for two recommended sources proposed by the Community Liaison Officer: the elected councillor who represented one of the electoral wards in Welbedacht East and who was responsible for the local governance of Welbedacht East, and the director of a child welfare agency which was the organisation most actively involved in rendering comprehensive social services there.

A letter was sent to the ward councillor requesting permission to undertake the study (Addendum B). This process was significantly delayed due to the municipal elections that occurred in April 2016 and the time it took for the new councillor to be sworn in. The new councillor responded in June 2016 following several visits to his office, telephone messages and emails, and a subsequent meeting with the ward councillor and his task team was arranged.

The director of the child welfare office promptly responded by scheduling a meeting where an agency social worker was tasked to provide debriefing services to participants of the study. The agency social worker was subsequently introduced to the study, and his role as the debriefer was agreed upon (Addendum C).

4.5.2 Phase 1, Step 2: Identifying Participants (populations, samples and sampling strategies)

This section explains the population, sample, and sampling techniques that were applied in the study. It explains how the participants were recruited and prepared for participation in the study. Two populations were of interest to the researcher, namely community champions and parents/ primary caregivers of children under nine years of age, as will be discussed. To facilitate the research process, an action group of community champions was formed, and this process will be explained.

4.5.2.1 Community champions

The first population was the group of individuals who interfaced directly with parents/ primary caregivers with children under nine years of age through the services, formal or informal, they offered. At the outset of the study they were referred to as key informants, based on the researcher's expectation that they would have specialised knowledge about the parents'/ primary caregivers' needs (Marlow 2011:148; Rubin & Babbie 2013:316). It appeared that there were limited services rendered in the community, especially by social work practitioners, and only a few professionals employed as social workers at the child welfare organisation and the Department of Social Development were identified. There were religious leaders, early childhood development practitioners, and a health practitioner, local government officials, but the majority were informal community-based leaders. Whilst this group may be classified as key informants (Rubin & Babbie 2013:150), the majority of those who were identified rendered support to Welbedacht East in their private capacity, rather than professional services. Therefore, the term that was chosen to refer to them was community champions. This aptly described their commitment to the well-being of the community. Some were identified on the Bright Site stakeholder list, but to represent social networks in the community, this population

was extended to include other significant people, such as community volunteers and informal leaders.

In selecting the sample from the first population group, the researcher was motivated to “generate new ideas and understandings” (D’Cruz & Jones 2014:95), which prompted her to select a smaller sample of people who would provide depth of information to their experiences of the parents’/ primary caregivers’ perceptions and practices of ‘good enough’ parenting. Eligibility criteria required participants to fall into one or more of the following categories:

- Community leaders who were active in community structures in Welbedacht East.
- Volunteers or religious leaders working in FBOs.
- Educators.
- Healthcare officials.
- Social workers from governmental and non-governmental welfare organisations.
- Children’s rights organisations.
- Volunteers who offered support to families living in the community.

Next, they had to consent to be interviewed and participate in a consultation workshop. The researcher selected community leaders who had knowledge or experience of working or interacting with families with young children who lived in Welbedacht East. Choosing community champions with experience of working in Welbedacht East, who also represented the cultures within Welbedacht East, meant that they provided er invaluable advice about how the researcher should approach the community (Rubin & Babbie 2013:313). The community champions were able to drive a sense of community commitment to the research (Rubin & Babbie 2013:313). Using the Bright Site stakeholder data list, the researcher identified eight community champions for her **purposive sample**. The list of community champions identified from the Bright Site data listing the organisations they represented and a description of their qualifications and positions they occupied is included as (Addendum I).

With the assistance of community champions interviewed from the Bright Site data list, eight additional participants were recruited who satisfied the inclusion criteria. This brought the total of this sample group to 16. This **snowball sampling strategy** was employed as an appropriate recruitment method, enabling the researcher to locate participants who would otherwise have been “hidden” (Maree 2007:80). It was not necessary to interview community champions beyond this point, because no additional themes emanated after the last two interviews, suggesting that **saturation** had been reached (Creswell 2014:189; Mason 2010). The list of community champions identified through snowball sampling is included as (Addendum I).

These community champions were contacted telephonically and invited to participate. Individual appointments were arranged to meet each community champion at a suitable time and place. For those with internet access, a letter of introduction was emailed, containing an explanation of the research, possible questions that would be posed, and the ethical approval for the research (Addendum A). Others were afforded a personal discussion prior to the interview commencement. This process ensured that the few who had low literacy levels were afforded a full explanation of the process. As observed by Block et al (2012:73), written explanations and consent forms are inappropriate for research participants who have low literacy rates. Furthermore, the complexity of obtaining informed consent from locally specific community members had to be conducted respectfully, acknowledging their cultural and social contexts (Benetar 2002:1138) and creating an interpersonal process between the researcher and the participants (Guillemin & Gillam 2004:261). Thereafter the community champions signed the informed consent form (Addendum E).

4.5.2.2 *The development of an action group amongst the community champions*

Before the researcher was aware of the lack of cohesion in the Welbedacht East community, she planned to have a group discussion with gatekeepers and relevant community champions to explore the conditions for accessing parents/ primary caregivers and their cooperation would be enlisted to assist the researcher to identify suitable parents/ primary caregivers for inclusion in the study. As motivated by Rubin and Babbie (2013:317), if the researcher hopes to achieve culturally competent research, endorsement from community leaders is required. The researcher noted the participants' reluctance about this meeting and instead of the meeting, four community champions identified suitable parents/ primary caregivers for inclusion in the study. The community champions offered to approach suitable participants by having face-to-face discussions to explain the research process and gauge their interest in participating. Each community champion was situated in a different geographical section of Welbedacht East, each section with its own colloquial name, hereafter referred to as Community A, B, C and D. Community consultations consisted of individual meetings with the four community champions, "sitting down and listening" rather than assuming an expert, top-down approach (D'Cruz & Jones 2014:101). Their resistance to working as a group was indicative of the lack of trust amongst residents of Welbedacht East. The contact the researcher had with them for the duration of the research process was personal, individualised, and frequent, as advocated by Rubin and Babbie (2013:317).

The four community champions actively involved themselves in the research project and were consulted during different stages of the research process, particularly when arranging the

consultation workshop (Ife 2012:242). They were consulted around matters of how the research plan should be operationalised. For example, they proposed suitable times to interview participants, suggested preferable spaces for interviews, channelled messages from the researcher or research assistants to the research participants, developed a practical approach for achieving member checks, and proposed that the findings of the interviews be presented at the consultation workshop where participants could confirm that their opinions had been accurately portrayed. They determined which stakeholders would be invited to the consultation workshop, helped to develop the programme, reviewed the researcher's presentation of the findings before the workshop, organised and prepared the venue for the workshop, coordinated transport arrangements for local participants, arranged security and cleaners for the venue, and chaperoned the local research participants. This essential involvement, as declared by Bernal and Saez-Santiago (2006:125), made the researcher aware of the conflicts between her conventional approach to research and the one expected from the community, as informed by their cultural and contextual values. As experienced in Naidu and Sliep's study (2011:435) and proposed by Liamputtong and Ezzy (2005:216), the community champions expected the researcher to reciprocate the help they gave in the form of small gestures, such as providing car rides for residents to the city or to Chatsworth to service organisations, answering community members' questions regarding accessing services from governmental and non-governmental organisations (NGOs), directing their concerns about service concerns to local government departments, making recommendations about where they could access resources for small projects they were involved in, and presenting talks or participating in community functions that they had arranged. The inferred expectation of working in a collectivist setting such as Welbedacht East represented the ethos of mutual benefit (Naidu & Sliep 2011:435). In return, community champions protected the researcher during her field visits, opened their homes for the interviews, provided her with refreshments during field visits, and orientated her to the rich dynamics of their community, linking her to significant people needed during the research process. There were definite advantages to these informal interactions, because they created a space for unplanned conversations between the researcher and the community that advanced the researcher's understanding of local contextual knowledge that she would not have gathered through the interviewing process alone. These contacts strengthened her relationships in the community and gained her the community's trust (Block et al 2012:75). It was noted that the trust helped her to further the research agenda (Monette et al 2011:2). More especially, the community members were motivated and became collaborators rather than participants in the study.

4.5.2.3 *Parents/ primary caregivers*

The second population was the parents/ primary caregivers. They were the residents of Welbedacht East who were full-time, primary caregivers of children who were, at the time of the study, nine years old or younger. They shared the contextual experience of parenting in a low-cost housing area. Based on the description of **population** by Monette et al (2011:136), they fulfilled the criteria of the target population that was relevant to this study.

This **purposive sampling strategy** ensured that participants selected for the interviews were the best informants about parenting in Welbedacht East (Marlow 2011:37). Several authors (Naidu & Sliep 2011:436; Rubin & Babbie 2013:317) recommend that a culturally competent researcher ensures special sampling techniques (purposive) that utilise community leaders to identify suitable participants. Initially, 20 parents/ primary caregivers were identified by the community champions and 18 were finally available to participate. Criteria for their inclusion in the sample were: they were residents in Welbedacht East, the primary caregivers of children under nine years of age at the time of the study who permanently resided with them, and were voluntarily committed to participating in the study (Babbie 2013:161).

The parent/ primary caregivers were initially contacted by one of the community champions, who assessed whether each prospective participant satisfied the selection criteria and was willing to participate in the study. The community champions thereafter verified the suitability of proposed participants with the researcher. During these contacts the community champion, who was always known to the parent/ primary caregiver, introduced the participant to the nature and purpose of the research and prepared them for contact with the research team.

In committing to the principles of culturally competent research, bilingual interviewers were employed to interview participants who were not fluent in English, the language that the research was conducted in (Rubin & Babbie 2013:317). As noted by Bernal (2006:127), knowledge of language is coupled with knowledge of culture which promotes the cultural competence of the research process. Participants were invited to indicate their preferred language for the interview to be conducted in. Based on their choice, the researcher either interviewed the participant herself, or allocated the participant to one of the research assistants to be interviewed. The digital recordings of the interviews would be transcribed and translated by professional language practitioners. Once the research participant was assigned to a member of the research team to be interviewed, the prospective research team member who had been allocated a prospective participant would liaise with the community champion or the parent/ primary caregiver directly, depending upon their preferred communication, to negotiate an appointment on a suitable day at a specific time. The interviews were

predominantly conducted at one of the community champion's homes or an ECD centre, because of the limited privacy in the homes of the parents/ primary caregivers. It is advocated by Rubin and Babbie (2013:317) that local community members choose the settings for interviews, because they are sensitive to the needs of the local community and can judge how accessible they are for participants. None of the parent/ primary caregivers in the sample had internet access. Therefore, letters of introduction and consent forms were personally issued to the parents/ primary caregivers (Addendum L). The letters included an explanation about the research process, examples of the kinds of questions they would be asked, and information about the potential risks involved in participation and the availability of debriefing services, as directed by the guidelines for preparing research participants for their engagement in the research process (Royse 2011:57-62). The letter was explained to each participant, emphasising the meaning of "informed consent". Noting Block et al's (2012:72-73) caution about the disparity of power between the researcher and the research participants, attention was paid to "informed consent" which was addressed more than once with each participant, checking their willingness to proceed and providing details of the research process throughout the interview (Addendum E). Culturally competent practice should ensure that the research concepts and constructs used are understood and compatible with the context and culture (Bernal & Saez-Santiago 2006:127), and thus interviewers were patient and adopted a flexible, reflexive, and empathetic approach that demonstrated sensitivity towards the participants' circumstances (Block et al 2012:75). The simplest terms were used to explain consent and the concept of voluntariness was reiterated throughout the research interview (Block et al 2012:79). The questions had been pre-tested to verify whether they would be understood as intended (Rubin & Babbie 2013:371), first with a group of students, then with the community champions, and finally during the two pilot interviews. The list of parents/ primary caregivers identified, interviewed, and included in the study is attached as Addendum P.

Seven of the 18 interviews were excluded on the basis of the quality of the translations that had been done by two of the professional language practitioners. Concerns regarding the quality of the translations were raised when the research assistants cross-checked the isiZulu translations and transcriptions against their interview research templates. It appeared as though the language practitioners may have omitted words, condensed what was said, or excluded important information, all of which are known as typical risks of translated interviews (Regmi, Naidoo & Pilkington 2010:19). The researcher, under the guidance of the supervisor, opted to conduct more interviews herself and assigned one of the research assistants to act as an interpreter. On making appointments for the interviews with the additional participants and explaining that an interpreter would be present, the interviewees indicated that they were

more comfortable communicating with the researcher in English than having another person present. A likely explanation was that they felt there was less risk of judgement from the researcher than someone from their own ethnic group, as noted in the study conducted by Ingvarsdotter, Johnsdotter and Östman (2012:39) in Sweden. According to Block et al (2012:79), engaging interpreters often creates distance between participants and the researcher. The researcher conducted the additional three interviews individually and independently, before it was obvious that the point of saturation had been reached.

The isiXhosa translated transcriptions appeared to be qualitatively commensurate with the English ones. A possible explanation is that the professional translator and the researcher maintained closer contact with one another whilst the translations were undertaken. One set of isiZulu interviews were verified as being accurate by the researcher assistant who had conducted them. They had been conducted by the most experienced and educated member of the translation team. In those instances where ambiguity was detected in the transcriptions, the researcher moderated the translations with cooperation from the translators (Van Nes, Abma, Jonsson & Deeg 2010:315). Multiple electronic and telephonic communications took place between the researcher, the research assistants who had conducted the interviews, and the translators. This appeared to promote conceptual similarity, as mentioned by Ingvarsdotter et al (2012:39). The lesson learned, as noted by Temple and Young (2004:164), is that the relationships between language, researchers, translators, and the people they seek to represent are as important as the issue of “which word is best in a sentence in a language”.

The reduction in the number of the interviews that were used for analysis did not digress from the objective of the study, since the objective was to obtain a sample size that was large enough to reflect a range of sample elements that were identified by participants (Marlow 2011:150; Mason 2010). Based on the selection of an interpretive research approach, information rich cases that offered contextual detail based on participants' subjectivity were sought (Marlow 2011:150; Rubin & Babbie 2013:42). On examining the transcriptions and preparing and cleaning them for coding, it was evident that the data of the 14 interviews had reached the point of saturation (Creswell 2014:189; Mason 2010; Royse 2011:266). The researcher accepted that this would preclude her from being able to make any claim of representativeness and generalisation of the findings beyond this study (Monette et al 2011:149). The sample was homogenous in terms of participants sharing the following common variables (Daymon & Holloway 2011:214): the family life stage of “having young children”, socio-structural influences of living in Welbedacht East, sharing the same SES, and being of the same gender (they were all women). Diversity manifested in terms of their ages, ethnicity, family composition, employment status, the supportive structures available to them,

and their individual life experiences. The participants responded positively to being included in the study.

Addressing the concern that all participants selected by community champions were women, the researcher was informed by community champions that there was a very high rate of single parent mothers in the community, and fathers did not play an active role in parenting their children. This is confirmed by the findings of a socioeconomic survey conducted by the eThekweni Municipality (2013:12) that reported that 64 per cent of children lived without a father and 29 per cent without both parents. Although this was potentially a concern, it was statistically acceptable, but Rubin and Babbie (2013:298) observe that it could create a gender bias. In addition, the sample only included those who voluntarily participated. The researcher was comforted with the premise that contextual and cultural realities dictate participation and, in some instances, may require adaptation of technical rigor, especially in culturally sensitive research projects (Tracy 2010:847).

4.5.3 Phase 1, Step 3: Involving Clients and Identifying the Concerns of the Population

Data collection had been carefully planned and careful consideration was given piloting the questions that were developed, implementing research interview protocol, preparing the research assistants, and executing the semi-structured interviews and consultation workshop. The outcome of these steps in the data collection process are presented.

The qualitative nature of this research determined the data collection tool that was used, as consistent with the views of contemporary authors (Royse 2011:264; Rubin & Babbie 2013:124). Descriptive, exploratory, and contextual data were generated by in-depth interviews conducted with each research participant. These were guided by a set of predetermined, open-ended questions that allowed the interviewer to adapt the wording and sequencing of questions to suit each participant's interpretation (Daymon & Holloway 2011:225; D'Cruz & Jones 2014:113; Rubin & Babbie 2013:124). The interview guide provided adequate structure to ensure that all participants were exposed to the same interview stimuli as recommended by Monette et al (2011:194-195) (see Addendum G and M).

There were two different interview guides for the two sample sets, but with similar or corresponding questions. There were two distinct groups of questions in each interview guide: biographical and topical questions.

4.5.3.1 *The development and piloting of questions for community champion interviews*

The questions were piloted with a group of five fourth year social work students who were conducting their fieldwork placements in Welbedacht East. The purpose of engaging them was to identify any cultural bias in the questions, as recommended by Rubin and Babbie (2013:315). The students critiqued the questions using their cultural knowledge. The questions had been discussed at the Research and Ethics Committee, Department of Social Work at UNISA and the panel offered their academic/scholastic suggestions. These two sources contributed positively to refining the formulation of the questions (D'Cruz & Jones 2014:25). The interview guide was finally tested by interviewing a faith-based leader, who had started community empowerment projects and a cluster foster home in Welbedacht East, and a social worker from a child welfare organisation. Some modification of the interview schedule was indicated after the interviews.

The general sense of the content validity of the questions appeared to be satisfactory and related to the overarching research questions, as suggested by Creswell (2014:161).

To obviate the confusion of rating the quality of parenting in Welbedacht East by asking “How would you rate the general quality of parenting of Welbedacht East of children under nine years of age? Please explain your answer”, the researcher introduced the conjoint drawing of the continuum of parenting during the interview. This was used to capture in writing participants’ descriptions of each level of parenting: ‘bad’, ‘good enough’, and ‘good’. This improved participants’ responses to this rating question. The second change made was in response to pilot participants’ requests for parameters and examples of ‘good enough’ parenting, because they found the question “Please share your personal understanding of the term ‘good enough’ parenting” too generic and broad. This was obviated by developing a set of 29 key cards, each describing a different element of ‘good enough’ parenting, as consolidated from the literature prepared for the research proposal (Addendum H). Participants were given the option of choosing which cards they wanted to discuss and could choose the order in which to discuss them (Addendum H).

4.5.3.2 *Interview protocol developed for the data collection method*

An interview protocol was developed to ensure that standard procedures would be followed in all interviews. These procedures included the time that would be spent on introducing oneself as the interviewer and connecting with the participant; what data needed to be collected and recorded on the research interview template, and how; how the interview recording templates

and digital audio recording processes would be explained to the participants; indicators of when the digital audio recording device should be turned off; and how raw interview materials, audio recordings, and interview templates should be coded and stored (Creswell 2014:194).

4.5.3.3 *Digital recordings and transcriptions*

Interviews were digitally recorded and an interview recording template was developed, as advocated by Creswell (2014:194), in the event that the audio recording became non-functional. This template provided a place to record the general points made by the participant and note the interviewer's observations and personal interpretations, as well as the participants' reactions to certain questions (Royse 2011:267) (Addendum K). The audio recordings enabled the transcriptions of the interviews, in an accurate, retrievable manner, and maximised the use of the detailed information collected during each interview (Al-Yateem 2012; Hove & Anda 2005).

All transcriptions of community champions' interviews were completed by the researcher, verbatim. This enabled her to immerse herself in the data, as she listened to each recording multiple times (Marlow 2011:208). The transcriptions were printed, checked, and then prepared for coding. An electronic copy of each transcription was duly forwarded to the supervisor for comment.

4.5.3.4 *Interviews with community champions*

The 16 interviews with community champions were conducted during the period of June 2016 – November 2016. Each interview was approximately one and a half hours long.

4.5.3.5 *Interview guide questions for parents/ primary caregivers*

The same group of students who piloted the interview guide for community champions piloted the one for the parents/ primary caregivers. As proposed by Bernal and Saez-Santiago (2006:126), the cultural and interpretive validities were tested to see if the cultural "rules" and cultural methods of parenting influenced by parental/ primary caregivers' motivations, backgrounds, and context could be discovered. Having gained experience of using a similar interview guide for the community champions' interviews, the researcher could improve/adjust the interview schedule for parents/ primary caregivers, which was duly sent to UNISA's Research and Ethics Committee. Following Burton's (2000:343) endorsement of gathering input about the interview questions from a variety of sources, the supervisor and fellow PhD support group members were consulted. This process afforded commitment to understanding parenting within the participants' personal and interpersonal contexts, free from moralistic or authoritarian positions (Gillies 2005b:840). Hope questions, sometimes referred to as miracle

questions, and parental efficacy questions were included. Referring to hope questions as “pie in the sky” questions, Winkworth, McArthur, Layton and Thompson (2010:212) explain the value of these questions in highlighting barriers that disadvantaged people experience which, as noted in the previous point, was a focal point for this research. Others refer to the value of the miracle questions as enabling participants to move from a problem saturated focus to visualising a preferred scenario (Teater 2010:167). The table of the interview guide questions for parents/ primary caregivers is attached as Addendum O.

4.5.3.6 *Piloting the parent/ primary caregiver interview schedule*

The interview schedule was piloted on two parents from Welbedacht East who satisfied the selection criteria but were not included in the final sample of the study. Noting the poor literacy levels within this sample, a set of pictorial cards were developed, each representing one of the key parenting elements. These could be used as visual prompts to simplify and promote participants’ comprehension, as had been done in the study conducted by Block et al (2012:83) with refugee youth who did not speak English. Sets of laminated picture cards were designed to represent the characteristics of ‘good enough’ parenting. These were developed with the assistance of a graphic designer and were reviewed by two of the community champions. The laminated cards stimulated the parents’/ primary caregivers’ discussion of their perceptions and practices of parenting (Block et al 2012:82). As proposed by D’Cruz and Jones (2014:126), pictures have a way of eliciting information and complementing words. The 30 cards are included as Addendum N. Participants could choose which cards they wanted to discuss and the order in which to discuss them and could refer to them at any stage of the interview, explaining why they had selected them. This method promoted a respectful manner to foster the participants’ engagement and enabled participants to articulate difficult concepts of parenting in their own words (Block et al 2012:84).

As mentioned earlier, parents/ primary caregivers were given a choice of what language they wished to be interviewed in. In preparation for this, three research assistants were recruited, two fluent in isiZulu and one in isiXhosa. This was an obvious step to practice cultural competence (Rubin & Babbie 2013:214).

4.5.3.7 *Research assistants and their role in the research process*

Marlow (2011:183) holds the view that it is preferable for the researcher to be the only one to collect the data, however, based on language and cultural sensitivity, research assistants were recruited. Language is power that enables a person to express his/her needs. The antithesis of culturally competent research practice is when a person has to depend on another who speaks the dominant language to speak on their behalf (Temple & Young 2004:164).

Therefore, the researcher opted to use research assistants who were fluent in isiZulu and/or isiXhosa and newly qualified unemployed social workers who had completed their degrees at UNISA and had undertaken their fourth-year level practical work at the Bright Site project in Welbedacht East. The students who had been placed at the Bright Site in Welbedacht East project in 2015 were informed about the study and through networking, ex-students associated with the project contacted the researcher to offer their involvement. The three research assistants were selected on the basis of the following criteria: they were familiar with social work research and ethics; well-acquainted with Welbedacht East, because they completed their practical work in that community; residents of the community; interested in being cultural mediators; interested in the research project; were fluent in isiZulu and/or isiXhosa; and they had time to complete field interviews. The merits of using local community members are promoted by Rubin and Babbie (2013:307), who believe they are able to answer questions asked by the community about the research, can verbally explain the study in ways that the community will best understand, and the local community benefits by the researcher creating work opportunities for locals. The potential shortcoming is that the engagement of local research assistants may pose problems in terms of confidentiality, because prospective participants may fear that information shared in the research space may be divulged (Ingvarsdotter et al 2011:39; Rubin & Babbie 2013:307). Hence, precautions were taken when matching research participants with research assistants, to ensure that they would not be known to one another.

The steps for preparing research assistants recommended by Whiteside, Pantelone, Hunter-Reel, Eland, Kleiber and Larimer (2007:325) were followed. Each research assistant was interviewed individually. Although familiar with research ethics, having completed several undergraduate research modules and undertaken an individual minor qualitative research project themselves, the importance of ethical research behaviour was reiterated and they were requested to complete a confidentiality agreement form related to the research they would be involved in (Addendum S).

Two training sessions were held. The first consisted of a general overview of the research process and plans. The second was practice-based, preparing the research assistants to enter the community, set up appointments, introduce the content of the letter to participants about the research project, discuss and work through the concept of informed consent and ask participants to sign the consent form, use the interview schedule, and conclude the interview. The administrative aspects of field notes, research templates, interview codes, using audio recording equipment, and verification of translations were also included. Role-plays were used to increase the research assistants' familiarity with the interview questions. The first training

session was conducted over five hours. The programme is attached as an addendum (Addendum R). The second session was approximately two hours long, where each assistant was issued hard copies of their responsibilities, administrative guidelines, and useful tips for successful interviewing at the outset (Whiteside et al 2007:326). A WhatsApp group was also formed for the researcher and three research assistants to be able to monitor progress and troubleshoot any potential problems during the collection of data. This was an effective tool for tracking progress and obviating any challenges that presented themselves.

With the assistance of the community champion action group, each research assistant was allocated four prospective parent/ primary caregiver participants and a fifth participant was allocated to one research assistant when she voiced the concern that she had been left out of the study.

A research feedback meeting was held on 23 December 2016 when the majority of the interviews had been conducted. Several cases were referred to the appointed debriefer at the child welfare organisation, as had been arranged, to address social issues that they needed to resolve.

One of the research assistants remained connected to the research throughout, providing the researcher with valuable local insights and making suggestions on how she could remain culturally sensitive (Ife 2012:242). This research assistant was active in the consultation workshop held on 9 August 2017.

4.5.3.8 Interviews with parents/ primary caregivers

A total of 21 interviews were conducted. Eight were conducted and transcribed by the researcher, nine were conducted by two of the research assistants in isiZulu, and four were conducted by the third research assistant in isiXhosa. Seven of the interviews were excluded as mentioned previously, because of doubts about the quality of conceptual translations into English.

Once the interviews were completed by research assistants, they were directed to the researcher, who double-checked that the correct codes were assigned to each audio recording and corresponded with the code number allocated to the research interview template. These were all logged in a book. The audio recordings were saved on a website that could only be accessed with a password. The isiZulu translations were randomly allocated to the isiZulu translation team and the isiXhosa recordings were directed to the isiXhosa translator.

4.5.3.9 Translators and translation of parent/ primary caregiver interviews

Several authors (Marlow 2011:194; Rubin & Babbie 2013:309), in discussing research undertaken with populations whose home language differs from the researcher's primary research language, recommend that translations be offered and undertaken, or bilingual research staff be used. Translations were built into the research design. The services of professional language practitioners were used to transcribe and then translate the qualitative interviews. A language practitioner based in the Gauteng Province was recommended for this research. She had undertaken several translations for social work studies of a qualitative nature before. Because of the time constraints, she identified three qualified translators who were based in KwaZulu-Natal to assist. They had completed their qualifications as language practitioners, had worked on similar research projects, and were fluent isiZulu. An isiXhosa translator was recommended who was based in Cape Town. She too was contracted to do the isiXhosa translations for this study. The following was agreed upon to standardise the translation process:

- The translators would stay as close to the isiZulu or isiXhosa text as possible, and they would adopt the principle of Christianne Nord (Functionalism) so as to keep translations as literal as possible.
- Repetitions in the text were to be retained.
- If something in the text did not make sense when translated into English, these were to be left in the isiZulu or isiXhosa text and bracketed, providing the closest English interpretations that could be cross-checked with the research assistants and translators.
- The role of the translators in the culturally sensitive research process was emphasised (Addendum U).
- Copies of the interview schedule and parenting practices cards were attached for their information.
- On completion of a translation and transcription translators were expected to sign a translation certification letter (Addendum V).

When the isiZulu transcriptions and English translations were completed and forwarded to the researcher, they were directed to the research assistants who had conducted the interviews in order to verify the translations.

Some anomalies were detected in some of the isiZulu interviews by the research assistants when they compared the translations against their field notes and their recall of each interview. They reported that the meanings and descriptions that participants had given during the interviews had been abbreviated. Even when words were correctly translated, they did not

precisely convey the concepts the participants meant to convey (Rubin & Babbie 2013:314). A possible explanation of the problem, as pointed out by Ingvarsdotter et al (2011:39), is that translators tend to stay close to the verbatim translation rather than finding “conceptual equivalence”.

The challenge of maintaining the accuracy of the participants’ perspectives in qualitative research using translators is mentioned by Regmi et al (2010:19).

4.5.3.10 *Field notes*

Observations of parents’/ primary caregivers’ behaviours and their surroundings were made throughout the research process (Swanborn 2010:73) and recorded in an unstructured way on the research interview templates (Creswell 2014:191). These were filed in a master file and referred to during data analysis.

4.5.3.11 *Consultation workshop*

Once the data from both sample sets were consolidated, the community champions, the research assistants, and researcher arranged the consultation workshop. The objectives for the consultation workshop are outlined in Table 1.2 in Section 1.8 and the operational steps of how the consultation workshop was planned in Table 1.3. It was intended to include local government officials, service providers who worked in Welbedacht East, and the community champions and parents/ primary caregivers who had participated in the study. A structured agenda included a presentation of Part 1 and 2 of the findings. Thereafter research participants verified the data. Then small group discussions were conducted to enable participants to prioritise aspects of parenting that they felt needed to be addressed (Addendum W). Their recommendations of how this should be done were gathered with limited input from the researcher (Irani, Elliman & Jackson 2007:2). This was consistent with culturally competent research, as noted by Rubin and Babbie (2013:151) and Irani et al (2007:1). The authors advocate a series of closed meetings with a preselected heterogeneous group.

Adequate time ensured that participants could reflect on the findings and consensually decide on what parenting support intervention was required (Addendum Z). By bringing the community and service providers together, the community had an opportunity to clarify what they desired and educate service providers and local government departments about their challenges, so that a holistic, dynamic, and interconnected experience would occur between the four distinct groups involved: eThekweni Officials, service providers, community champions, and parents/ primary caregivers (Siddiqui 2014:125, 129). Moreover, in being consistent with Rubin and Babbie (2013: 314), cultural sensitivity in interpreting the data was

maintained by including key participants from the Welbedacht East community. The process that was followed to achieve the desired outcome of the consultation workshop was broken down into several steps as suggested by Lomas, Fulop, Gagnon and Allen (2003) and is represented in the figure below.

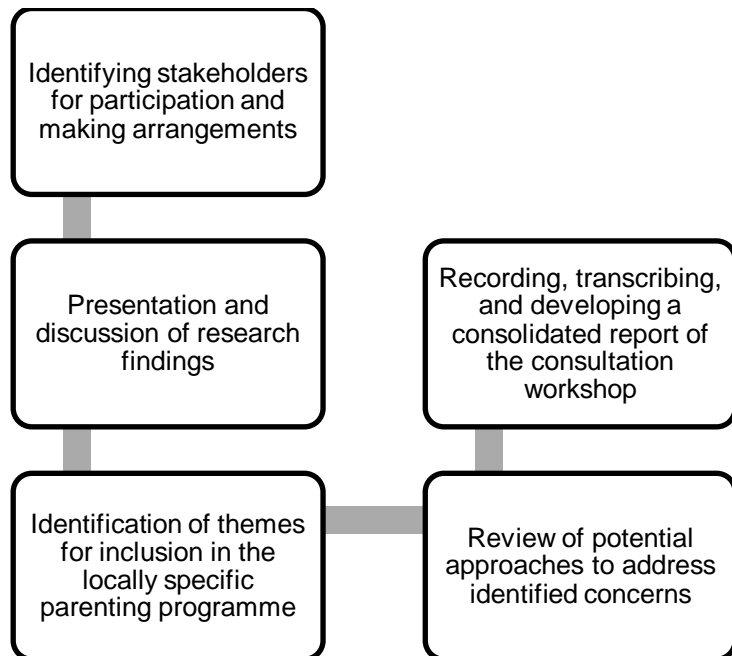


Figure 4.3: The 5 steps of the consultation workshop

a. Identifying the stakeholders who should participate

The four community champions were mostly responsible for providing a list of eThekweni Officials and service providers for inclusion in the workshop. Their authority, as advised by Naidu and Sliep (2011:436), was respected, even though this risked people being invited who were aligned to the community champions' interests and causes rather than the research. The researcher was responsible for ensuring that the participants in both sample sets, community champions and parents/ primary caregivers, were invited. The desired mix of participants was achieved (Lomas et al 2003) without compromising the confidentiality of the research participants who had been interviewed. The researcher was responsible for sending the invitations and managed the replies as they were received.

Invitations were sent to 60 individuals. They were hand-delivered to parents/ primary caregivers and some of the community champions who did not have email access (Addendum X). An electronic Outlook invitation was sent to eThekweni departments and service providers and followed up by personal emails and telephone calls (Addendum

Y). Parents/ primary caregivers were reminded by text message or in person by the four community champions.

Guided by Rubin and Babbie's (2013:308) suggestion of choosing an accessible setting, the event was convened at a day care centre situated in Community B and the researcher arranged transport for three of the four areas: Community A, Community C, and Community D. Parents/ primary caregivers from Community B did not require transport.

b. Data presented at the consultation workshop

The programme was developed through consultation with the community champions (Addendum Z).

The consultation workshop was attended by 41 participants (see Addendum AA for the list of participants that represented each sector).

- **Presentation of the findings**

A PowerPoint presentation of the research findings was presented. This included the five domains of 'good enough' parenting, indicating the most pressing parenting indicators, identifying the stressors experienced by parents, and arranging stressors according to the five spheres of the bioecological theory.

- **The five small group discussions**

Five round tables, each seating eight members, were tasked to discuss one of the five domains of 'good enough' parenting (a different domain was allocated to each table). Recorded on the domain was a list of topics relevant to the locally specific parenting support intervention as identified by interviewed participants. The graphics of the pictorial cards were placed next to each parenting topic/indicator for the benefit of participants whose literacy levels were poor, as motivated by Block et al (2012:83).

Participants were divided into five sub-groups to ensure that eThekweni Municipal officials, service providers, community champions, and parents/ primary caregivers were all fairly represented in each group. Each group discussed one of the domains of parenting as indicated in the table below.

Table 4.4: Group allocations of domains of ‘good enough’ parenting

Theme	Group
Physical health, development and safety	1
Psychological and emotional development	2
Cognitive development and education	3
Social development and behaviour	4
Parent’s/ primary caregiver’s foundational competence	5

- **Participants’ identification of parenting indicators within each domain of ‘good enough’ parenting**

Each sub-group was allocated 30 minutes to review the relevance of each of the parental tasks as listed under the ‘good enough’ parenting domain and thereafter decide which of these they considered as important for the inclusion in the development of the parenting support intervention. They were requested to compile a list of topics related to that domain that they regarded as the most important and compare their choices with those on the flip chart (those that had emerged from the findings). The groups could add more to that list or delete any they considered unnecessary after the group discussion.

- **Small group presentations**

A spokesman from each group was allocated seven minutes to present their feedback to the wider group.

After each group had given a presentation, a general discussion was held (Royse 2011:277). Discussions demonstrated an openness about differences of opinion. As mentioned by Siddiqui (2014:11), unanimous agreement is not the purpose of consultation workshops, but rather they should create bridges of understanding between the different stakeholders. The areas of disagreement between the local government officials and community members were that the community members were accused of failing to practice family planning and ignored the fact that the homes were designed for nuclear families, electing to house extended family members which in turn created congestion and poor health conditions.

- **Presentation of reviewed approaches linked to the identified concerns**

A brief presentation of the “Graduation Out of Poverty Approach” and an overview of community family therapy approaches ensued, which demonstrated the intersection of core principles that related to the findings from the research. The proposed broad

framework included life skills counselling, concentrating on the psycho-social health of parents and the development of their parenting skills; financial literacy and home budgeting to better manage income and social grants; the formation of a *stokvel*; fundraising for a small income generating business; and skills training on how to manage a business. The general consensus from participants was that these would be positive principles to shape interventions to target stressors that research participants had identified. It was acknowledged that such a programme would have to be a long-term intervention that would commence with 12 self-selected participants who would agree to meet weekly for a minimum period of two years. The parenting support intervention would cover some parenting skills but would be augmented by wider socioeconomic interventions.

c. Translating the themes that emerged into an outline for a feasible parenting support programme.

This last stage corresponds with the final step of Phase 1 of the IDD referred to as setting goals and objectives and will be discussed under that heading of this chapter to avoid repetition.

d. Recording the proceedings of the consultation workshop, transcribing the consultation workshop proceedings, and developing a consolidated report of the outcome

The feedback presentations were audio recorded and transcribed by the researcher. The notes recorded on flip chart sheets were retyped and used to formulate the consolidated consultation workshop report.

e. Evaluation of the consultation workshop as a method of data collection

Some challenges presented themselves as expected in any community meeting. Time constraints were encountered specifically in adequately extrapolating the parenting support intervention due to attendees' other commitments. Considering the importance of this part of the programme, the researcher still required an objective appraisal of the extent to which the community members were in favour of the proposed interventions. This motivated her to use Delphi at a later stage of the process, in Phase 3, presented in Section 8.3.4.

In addition, although local municipal councillors had committed themselves to participating in the programme, neither of them attended. The researcher was cognisant of what Rubin and Babbie (2013:151) mention about low response rates and followed

their advice. She arranged a feedback meeting with one of the councillors and a representative from the other councillor's office to discuss the findings and the community's proposals for the locally specific parenting support intervention.

The consultation workshop was a positive experience. It fostered shared understandings of the challenges that were compromising parenting in Welbedacht East; engaged participants in identifying what was lacking and collated their suggestions of how parenting practices needed to be improved; and used local knowledge and evidence-based information to plan a contextually and culturally relevant parenting support intervention (Rapport et al 2014:149; Shooshtari, Samadi, Zarei, Naghipur, Martin & Lee 2014:215). According to Lopes Levers (2015:24), these indicators are sufficient for this process to satisfy the requirements for the consultation workshop to qualify as a legitimate method of enquiry.

The next step that had to be achieved in Phase 1 was analysing the identified concerns of the participants and the application of thematic analysis was used to achieve this.

4.5.4 Phase 1, Step 4: Analysing Identified Concerns (analysing the data)

Thematic analysis was chosen for the analysis because it offered a flexible approach to analysing data and was generalist in its theoretical position, but still describable as a method in its own right (Braun & Clarke 2006:78). Whilst the process of analysis was interactive, moving in a recursive manner (Braun & Clark 2006:86), it will be presented in a linear, hierarchical manner, describing the process as consisting of six steps (Braun & Clarke 2006:87-93). The discussion of searching for and reviewing themes has been combined under one sub-heading. The steps are diagrammatically presented below.

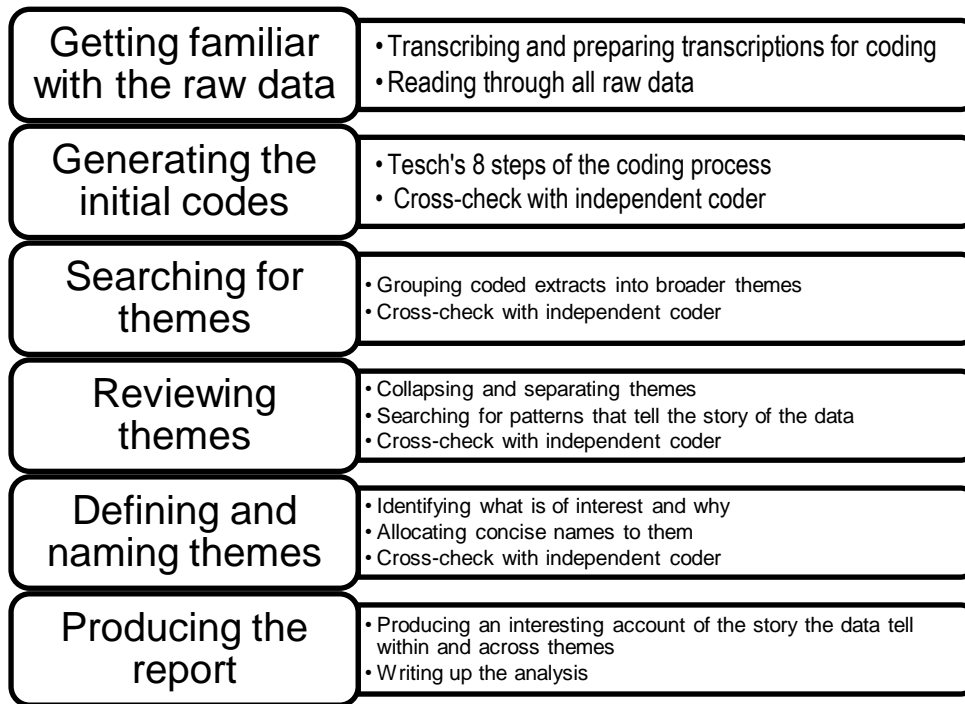


Figure 4.4: Braun and Clarke's (2006:87-93) process of thematic analysis

4.5.4.1 *Getting familiar with the raw data*

The researcher transcribed the 16 community champion audio recordings manually and eight of the 14 parent/ primary caregiver interviews. Every audio recording was listened to multiple times to ensure that the transcriptions generated were accurate verbatim accounts and this process sharpened the researcher's familiarity and comprehension of the data. The verbatim accounts captured non-verbal utterances and interruptions that occurred during the interviews (Braun & Clarke 2006:88).

Transcriptions were cleaned, the interview codes were replaced with pseudonyms for each participant, identifying information in the transcriptions were edited to protect participants' anonymity, the codes corresponding to the pseudonyms as sent to the independent coder were logged in the master file, typing errors were corrected, transcriptions were reformatted for the coding process, and line numbers inserted.

A master file was created of all transcriptions and research interview templates with the interviewer's hand-written comments. Whilst Braun and Clarke (2006:86) indicate that one may engage with literature in the early stages of analysis, the researcher commenced with the literature control once the data was handed over to the independent coder, because the preferred approach to data analysis was meant to be inductive. A literature control was undertaken and pertinent readings were filed according to the following categories: parenting

practices; parenting- context and culture; bioecological theory and social inclusion theory; and parenting support interventions (Marlow 2011:208).

All interview transcriptions, the research interview templates, and the researcher's journal were read and reread. It is suggested by various authors (Braun & Clarke 2006:87; Anfara et al 2002:30) that this should be done on numerous occasions to find meanings and patterns and, as recommended by these authors, notes were made whilst doing this. Having worked with the interview data so extensively in the previous phase and having made notes of the meanings that had "jumped out" at her while handling the data (Marlow 2011:217), the researcher found it difficult to do so more than twice. She made constant reference to notes that were captured in her research journal.

4.5.4.2 *Generating initial codes*

Using Tesch's eight steps of the coding process as presented by Creswell (2014:198), a transcript of the first interview conducted was selected and rough notes of the researcher's thoughts about what the data was about were made. She was guided unconsciously by the research questions (Braun & Clarke 2006:83). Once she had a list of notes (short phrases representing different categories in the margins), she created terms of reference for each. These are referred to by Royse (2011:267) as "meaningful units". This process was completed with another transcript, and another, until a list of terms of reference had been compiled, each term of reference representing a different category. The categories were used to label sections of every transcript, making use of abbreviated codes (letters of the alphabet) on the electronic copies of the transcripts. The abbreviated code was inserted next to the appropriate phrase, sentence, or paragraph in the transcript if related to the category. Multiple codes were inserted in each transcript based on what the participant had discussed. The different abbreviated codes were highlighted in different colours. Copying and pasting from the electronic copy of the transcript on the computer, a document was developed with textual examples of each of the categories taken from the multiple transcripts. The researcher read through them once more to refine the codes.

4.5.4.3 *Searching, reviewing and naming themes*

The multiple categories were collapsed into fewer categories, creating clusters of related terms of reference (Creswell 2014:198), and these became the themes. Creswell (2014:198) suggests that in research one should use between five to seven themes in the research study. Eight were used for the community champion interviews and 10 for the parent/ primary caregiver interviews. This process is described by Braun and Clarke (2006:89) as finding ways to combine different codes that are linked in some way to create themes. Since there had

been many themes developed during this process, they were conflated into sub-themes and categories. The themes were then reviewed and named.

4.5.4.4 *Defining and naming themes*

An independent coder experienced in thematic analysis was appointed to rework all the data and code the emergent themes (Creswell 2009:186). The researcher, supervisor, and independent coder met in July 2017 for the first coding meeting to discuss the codes for the interviews with community champions. Codes that had been developed were compared and after reaching a consensus, the themes were named. The themes as agreed upon at this meeting are presented in Addendum J. There were eight themes and 29 sub-themes.

A second meeting was held with the independent coder in October 2017 to finalise the themes, sub-themes, and categories for the data collected from parent/ primary caregiver interviews. It followed the same process as the previous consultation with the independent coder. There were 10 themes and 49 sub-themes. These are presented in Addendum Q.

4.5.4.5 *Producing the report*

A careful selection of extracts was taken from the analysed data to present a logical and interesting account (Braun & Clark 2006:93) of the parents'/ primary caregivers' descriptions of parenting practices in Welbedacht East, illustrating their contextual realities. These would be used to inform the development of the parenting support intervention. Some extracts were used more than once when they related to more than one theme. Both of these steps are endorsed by Royse (2011:267).

Many direct participant narratives were included in the findings to allow the reader to "hear the participants' own voices" (Royse 2011:268).

4.5.4.6 *Interpreting the meanings of themes and descriptions*

To ensure that the researcher's interpretations were valid, they were based as far as possible on research readings, her experiences of working in the community, informal information gathered before or after the interviews she conducted, the findings of the consultation workshop (Braun & Clarke 2006:93; Creswell 2014:200). These are presented in a summarised form in the concluding chapter.

4.5.5 Phase 1, Step 5: Setting Goals and Objectives

The setting of goals and objectives in Phase 1, Step 5 were emergent from the information gathered in the preceding two steps, identifying the concerns of the population and analysing these (Strydom et al 2005). Three steps were taken to set the goal and task objectives:

- The research interview findings were consolidated and presented to the community at the consultation workshop.
- The findings were augmented with a summary of literature about parenting interventions that had been consulted based on their satisfying the following criteria: they needed to be culturally sensitive, relevant to parents raising children whilst living in a vulnerable community and related to the findings generated during the analysis.
- A broad goal and tentative task objectives were developed during the consultation workshop discussions.

Adequate agreement was required regarding what needed to be changed to improve parenting practices and what the consultation workshop participants considered to be good and worthy efforts for achieving that change (Gilgun & Sands 2012:351). The three steps pointed to the following **overarching goal**:

- To create a holistic early intervention for parents/ primary caregivers, as defined by the White Paper on Families in South Africa (2013), for the Welbedacht East community that would improve parenting practices.

As stated by Fawcett et al (1994:31), the goal was a broad condition that was desired by the community of Welbedacht East that then needed to be broken down into more **specific tasks** to address elements that contributed to problem. In this instance these were:

- To promote social inclusion and support for parents/ primary caregivers.
- To facilitate self-awareness and self-care of parents/ primary caregivers.
- To empower parents/ primary caregivers with skills and knowledge of positive parenting practices to promote the well-being of their children in the domains of physical health and safety, psychological and emotional development, social development and behaviour, and cognitive development and education.
- To equip parents/ primary caregivers with financial literacy skills.
- To enhance parents'/ primary caregivers' income generating capacity.

The development of an appropriate early intervention was something that required more research and consultation with experts, together with the integration of information presented in Chapter Two and Three. Phases 2o and 3 will be discussed in Chapter Eight.

Before concluding this chapter, processes that were followed to verify the authenticity and soundness of the research process deserve consideration and will be presented next and then followed by a report of the ethical considerations that were taken throughout.

4.6 VERIFYING THE DATA

Lincoln and Guba's (1985) approach influenced the measures that were taken to safeguard the authenticity and trustworthiness of the research process (Daymon & Holloway 2011:84; Porter 2007:83; Shenton 2004:64). Typically, these are endorsed by institutional review boards and regulate the researcher's actions to ensure that they do no harm whilst undertaking their research (Tracy 2010:847). There were four elements of trustworthiness considered:

- truth value (referred to as credibility);
- applicability (referred to as transferability);
- consistency (referred to as dependability); and
- neutrality (referred to as confirmability).

Other scholarly works provided the researcher with cross-checks to safeguard the trustworthiness of the study (Daymon & Holloway 2011:84; Porter 2007:84; Shenton 2004:64-72; Thomas & Magilvy 2011:152). These are consolidated in a table below describing how each of these were operationalised in this study.

Table 4.5: The application of Lincoln and Guba's (1985) alternative approach to data verification

COMPONENTS OF TRUSTWORTHINESS	SAFEGUARDING EACH COMPONENT OF TRUSTWORTHINESS
<p>Credibility: the researcher's ability to present a true picture of the research subject (Shenton 2004:63; Thomas & Magilvy 2011:152).</p>	<ul style="list-style-type: none"> • Provided a "thick description" of the findings in the thesis to assist readers to feel, hear, and see exactly what it was like to be in that setting, exposing them to a range of perspectives that emerged from community champions and parents/primary caregivers (Creswell 2014:202; Shenton 2004:69). • Used well-established research procedures: semi-structured interviews aided by interview guides, purposive sampling strategies, and thematic analysis (Shenton 2004:64). • Established a good understanding of the culture of the Welbedacht East setting by consulting available documents, research reports, arranging conversations with organisations and gatekeepers, and spending time in the field developing personalised contacts with community members throughout the research process (Creswell 2014:202; Shenton 2004:65). • Double-checked participants' perspectives by summarising, repeating, and paraphrasing their words throughout interviews. Two member checks were conducted with community champions. The consultation workshop provided participants with an opportunity to verify the findings (Creswell 2014:202; Porter 2007:84). • Interviews were conducted with two sample sets and a consultation workshop was conducted to verify the individual perceptions and practices of 'good enough' parenting in Welbedacht East against those of other communities (Creswell 2014:201; Shenton 2004:65). This was followed by engaging four 'experts' of the community, community champions, in the Delphi process to evaluate the goals and objectives that had been identified in Phase 3. • Different sources of information were used to reach the findings of the study (Shenton 2004:66): researcher observations; dialogues with community champions and gatekeepers; the individual interviews with community champions and parents/primary caregivers; the consultation workshop; the researcher's field notes and research diary; and a literature control on parenting practices, specifically in low socioeconomic groups, parenting in developing countries, parenting amongst parents of different cultures, and parenting support interventions.

	<ul style="list-style-type: none"> • Regular debriefing sessions with the supervisor: electronic feedback, telephonic consultations, and face-to-face sessions. These encouraged the researcher to be reflexive (Shenton 2004:66). • Made field notes and kept a research diary throughout the research process to promote the researcher's reflections on being an older White woman who was educated, middle class, and a mother of adult children, as well as being the researcher/practitioner (Creswell 2014:202). • The researcher was a member of a PhD peer support group where she could reflect on her research, receive feedback, and benefit from their research experiences of the other members. They afforded her opportunities to reflect on her roles as a mother, practitioner and researcher, and monitored her neutrality as a researcher (Creswell 2014:202; Shenton 2004:66). • Participants were asked to sign informed consent letters (Addendum E), verification of translation letters for isiXhosa and isiZulu (Addendum T), attendance registers of consultation workshops, and member checks.
Transferability: the ability to apply findings to other settings by providing sufficient detail of the fieldwork so that others can determine whether the findings can be justifiably applied to different locations (Shenton 2004:63).	<ul style="list-style-type: none"> • A detailed research protocol was developed and followed throughout the research process, as outlined in Chapter One and Four. • Detailed information about community champions and parents/ primary caregivers and their contextual and cultural realities were collected whilst protecting their confidentiality (Shenton 2004:69). Sampling methods were explained in Chapter One and Four. • Detailed accounts were provided of all research methodology: sampling, data collection, data analysis, data verification, ethical considerations in Chapter One and Four, and the time period. These form part of the audit trail (Shenton 2004:70). • A detailed description of the context of the study.
Dependability – conducting the research in a stable and consistent manner (Shenton 2004:71).	<ul style="list-style-type: none"> • Provided details and tried to maintain accuracy in reporting what was planned and how the research methodology was executed (Shenton 2004:71). Included a reflective appraisal of the research procedures used and was open about the limitations of the research (Shenton 2004:72). This chapter has been devoted to detailing the minutiae of what occurred in operationalising the research (Shenton 2004:72). • Engaged an independent coder for data analysis (Creswell 2014:203). The codes and thematic analyses of the independent coder were checked by reviewing the codes and thematic analyses of a sample of the transcriptions.

<p>Confirmability – Making sure that the findings are based on the experiences and perspectives of the research participants (Thomas & Magilvy 2011:154).</p>	<ul style="list-style-type: none"> • Statements made about research participants' experiences were validated by narratives from the transcripts of interviews and the consultation workshop (Porter 2007:85). The findings are consolidated in Chapter Five, Six and Seven. • Maintained an audit trail of all documents pertaining to the study, such as raw data, field notes, data collection and analysis procedures, audio recordings, attendance registers for the consultation workshop, invitations, programmes, signed indemnities, signed letters of introduction, letters of confidentiality, translations, coding reports, etc. • Supervision was used throughout the research process to audit all the research steps. Researcher's bias was also discussed to uphold neutral interpretations and presentations of the findings (Creswell 2014:202; Shenton 2004:72). • Stayed alert to the unique process of the research and adopted a critical stance about how personal perceptions were affecting the research decisions. Made a concerted effort to stay in step and follow the process rather than direct it. Instead, allowed the research participants to determine the research direction (Thomas & Magilvy 2011:154).
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The importance of adhering to research ethics to retain the integrity of the researcher's work and protect those who participated in her study was recognised. The research actions taken to achieve this are discussed in the next section.

4.7 APPLICATION OF THE ETHICAL ASPECTS CONSIDERED

To uphold the scientific integrity of this study necessitated constant review of the researcher's research actions, moral duties, and obligations to those who were involved in the research process, both participants and consumers of the research (Monette et al 2011:54; Rubin & Babbie 2013:291). In Chapter One it was stated that the researcher would use the principles of respect for persons and their autonomy; beneficence and non-maleficence; justice; trust; and fidelity and scientific integrity. It was further noted that these would address the procedural ethics and that additional considerations needed to be given to cultural competence ethics. These principles as translated into the research actions the researcher engaged in are presented in the table that follows.

Table 4.6: Ethical considerations taken in the study

ETHICAL PRINCIPLE	THE IMPLEMENTATION OF THE PRINCIPLE
<p>Respect for persons and their autonomy – Respecting participants' independence in deciding whether they wished to be part of the research process, making sure that they comprehensively understood what they consented to when agreeing to participate (risks and benefits), granting them full information about the features of the study and the procedures they would be involved in, and acquiring their written consent to engage in the process (Babbie 2011:478; Marlow 2011:53; Monette et al 2011:54; Rosnow & Rosenthal 2005:60-64; Rubin & Babbie 2013:287).</p>	<ul style="list-style-type: none"> • Prior to participating in the interviews, community champions and parents/ primary caregivers were informed about the nature of the research; who was undertaking it and for what purposes; how it was funded; possible risks and advantages of participation; the meaning of voluntary participation; and their right to withdraw from the study at any time. This information was consolidated in a letter which was handed over to the participants after it had been discussed, and questions they had were answered (Addendum C and L) (Marlow 2011:29-30). This process presented no problems. • Each community champion and parent/ primary caregiver signed a letter of consent to participate in the study that summarised their rights. This was only completed after they were satisfied with the explanation as motivated by Block et al (2012:73) (Addendum E). • Bilingual research assistants/translators were available to all participants. Fewer participants requested to be interviewed in their ethnic language than had been anticipated and generally the level of English spoken was good.
<p>Beneficence and non-maleficence – Protecting participants from emotional, psychological, physical, or reputational harm (Babbie 2011:479; Daymon & Holloway 2011:65-66; Monette et al 2011:61).</p> <p>The intention was to do good, leaving them better off in some way for having participated in the research (Marlow 2011:53; Monette et al 2011:61).</p>	<ul style="list-style-type: none"> • The research proposal was accepted by the Research and Ethics Committee at UNISA prior to engaging in the research process (Marlow 2011:66; Rubin & Babbie 2013:290). • Arrangements were made with a child welfare organisation to allocate a social worker to offer debriefing services to the research participants. The letter of consent from the director of the agency and the curriculum vitae (CV) of the designated social worker are available (see Addendum C) (Marlow 2011:60). Referrals were made, not because the research process had been upsetting, but because in five cases participants had requested assistance with some of the stressors that were impacting on them. • Efforts were made to word each research question to obviate uncomfortable or upsetting reactions; those that made them feel embarrassed or demeaned (Marlow 2011:60; Rubin & Babbie 2013:290). Questions of parental efficacy and miracle questions were included to shift the attention away from problem saturated stories. • Language was checked to minimise professional jargon by testing the interview schedules with different groups (Marlow 2011:60). • Pictorial cards were developed to replace written key elements of parenting for the benefit of participants with lower levels of literacy (Addendum N). • Identifying characteristics of participants were omitted from the thesis. • The research project was designed towards a tangible result – a parenting support intervention that had been locally developed by the community.

<p>Trust – The researcher had to develop a relationship of trust with participants through her actions, such as guaranteeing their disclosures were kept private, and maintaining their confidentiality and anonymity (Marlow 2011:61; Monette et al 2011:62; Rosnow & Rosenthal, 2005:67-68).</p>	<ul style="list-style-type: none"> • The ethos of integrity and openness were maintained by both the researcher and research assistants as they engaged with the members of the Welbedacht East community. • Participants' identities were protected by using codes and pseudonyms. • Data was stored in a lock-up facility and will be retained for five years and then destroyed by the researcher personally. • Audio recordings were transferred from research assistants' devices onto a flash disk that the researcher retained. The recordings were then saved on a password protected website. Audio recordings on the assistants' devices were deleted. • Confidentiality agreements were signed by all research support staff: the independent coder, the professional translators and transcribers, and the research assistants (refer to Addendum S). • Informed consent forms from all participants were signed and stored (Addendum E).
<p>Justice – The researcher attempted to remain "fair-minded" and "impartial" by not allowing the research process to unfairly favour any group of participants (Marlow 2011:53; Rosnow & Rosenthal 2005:67). The population from which the participants were drawn needed to benefit in some way from the research results (Department of Health 2015).</p>	<ul style="list-style-type: none"> • The research protocol developed assisted to maintain a fair and impartial process. • The thesis situated parenting practices of Welbedacht East within the socioeconomic realities of parents/ primary caregivers, which minimised discriminatory interpretations about their parenting (D'Cruz & Jones 2014:99). • The Welbedacht East community members were contracted and consulted, and collaborated during the research process to increase their engagement in the development of an intervention that would strengthen their parenting skills (Cornwall & Jewkes 1995:1669). • There was reciprocity between the researcher and participants: she assisted them to connect with services, resources, and support; sourced information they needed to make decisions about improving their lives, such as extending their education; ensured that they had airtime to arrange interview meetings or plan the consultation workshop; and ensured that they had transport to research related events. In return, they offered acceptance, inclusion, information, and cooperation in the research process. This reciprocity facilitated goodwill, which motivated others in the community to be interested in participating in the development of the design for the parenting support intervention.

<p>Fidelity and scientific integrity – The researcher resisted using deception in any form during the research process (Daymon & Holloway 2011:72-73; Monette et al 2011:64-65).</p>	<ul style="list-style-type: none"> • Reflexivity, supervision, and peer review helped to curtail the researcher's subjectivity. Her interactive sessions with her supervisor and the PhD support group, and notes in the research journal enabled her to keep her subjectivity in check, and further prompted her to learn more about herself. • She acknowledged the shortcomings of her study, as advised by various authors (Monette et al 2011:65; Rubin & Babbie 2013:291). • Interpretations of findings were based on the research team's understanding of the community's culture, and the experiences and meanings they attributed to their parenting, rather than on the researcher's alone. • Findings were reported accurately and objectively and checked and rechecked in each stage of the research process and while writing up the thesis, integrating the supervisor's feedback (Monette et al 2011:291).
<p>Cultural competence – Research actions were meant to be transformative by adopting more liberating, inclusive, and participatory processes and demonstrating respect for diversity (D'Cruz & Jones 2014:13-14).</p>	<p>Measures were introduced to equalise power in the research process by:</p> <ul style="list-style-type: none"> • Demonstrating appreciation of the individual research participants, their family and cultural practices, and their languages (Deans, Liang & Frydenberg 2016:16). • Excluding predetermined research and intervention processes that failed to consider the realities of the community (Nelson et al 2001:6; Ortiz & Del Vecchio 2013:453). • Engaged credible community members throughout the research process, from entering the community to piloting the intervention, identifying gatekeepers, shaping interview materials, and selecting research participants. • Involved participants as equals, ensuring that they were involved throughout the research process and used their feedback to adapt research methods, such as interview materials, as well as to recruit research participants, formulate the design of the parenting support intervention, and decide on what elements needed to be included in the parenting support intervention. (Rubin & Babbie 2013:317). • The research process was designed to build capacity; tasks were delegated to community representatives, and responsibilities and decision making were shared (Trivette & Dunst 2014:1). <p>Reciprocity This was achieved by:</p> <ul style="list-style-type: none"> • Disseminating the findings of the research so as to reach policy makers, practitioners, industries, and communities (Ife 2012:176). The consultation workshop provided community members with a platform to present the research findings to the local government and service organisations responsible for key services, making them aware of the barriers parents experienced in Welbedacht East that prevent them from maintaining the well-being of their children. When this research has been examined the findings will be presented at conferences, professional meetings and workshops, and in professional journals. The researcher has already given some talks about the findings to professional groups, with the permission of the community.

	<ul style="list-style-type: none">• The researcher remains committed to piloting the parenting support intervention with a small group of parents under UNISA's Community Engagement Directorate so that the community can feel the benefit of their participation (Liamputtong & Ezzy 2005:216). They will own the materials that are developed.• The researcher used her knowledge and resources to refer community members to health and social services, provide support, and share information about further training and self-development and student loans (Liamputtong & Ezzy 2005:216). <p>Demonstrating an interest in the community's culture</p> <ul style="list-style-type: none">• She made a point of gathering cultural information from multiple sources connected to the study or the community (Rubin & Babbie 2013:317).
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This concludes the discussion of the operationalisation of the research design and methodology.

4.8 CHAPTER SUMMARY

This chapter discussed the research methodology and methods as applied to the study on the Welbedacht East parents'/ primary caregivers' perceptions and practices of 'good enough' parenting. The discussion was restricted to their application in Phase 1 of the IDD model, problem analysis and project planning. The study was explained as a qualitative study that utilised an exploratory, descriptive, contextual design, using a case study and committed to the IDD model for developing a contextually and culturally relevant parenting support intervention. The structure of the thesis was influenced by the phases and steps of the IDD model and therefore a decision was taken to divide the chapter on research methodology and methods into two parts. This chapter was devoted to part one of the research methods and methodology. It was restricted to outlining the research steps taken to address Phase 1 of the IDD. It explained what the researcher did to: gain entry into the community; identify research participants, namely community champions and parents/ primary caregivers of children under nine years of age; involve the participants in identifying parenting concerns of the community; analyse the concerns as identified by the participants; and use the identified concerns to set goals and objectives for the locally specific parenting support intervention. The second part will be presented after presenting the Welbedacht East parents'/ primary caregivers' perceptions and practices of 'good enough' parenting (Chapter Five), the contextual factors that enhanced or compromised parenting in Welbedacht (Chapter Six), and the Welbedacht East community's recommendations for resources and topics that were needed to uplift the parenting of children (Chapter Seven). These chapters will be presented in this order to explain the participants' meanings of parenting, which would influence the methods that would be applied to complete Phase Two (information gathering and synthesis of materials relevant to the goals and objectives that were reached) and Phase Three (the proposed parenting support intervention). The outline of the procedures used for these phases are therefore presented in Chapter Eight.

The study was conceptually framed by the bioecological and social inclusion theories and attention was given to consciously reporting how cultural competence was maintained throughout the research process. Purposive sampling (snowball and typical case sampling) methods were applied for the selection of the two sample sets: community champions and parents/ primary caregivers. The data collection methods used were semi-structured individual interviews facilitated by interview schedules; a consultation workshop with research

participants, local government officials and service providers; the researcher's field observations; existing educational resources about parenting; and municipal publications about Welbedacht East. The process of data coding that was applied followed Tesch's eight steps, as described by Creswell (2014:198), and data analysis was guided by a generic thematic analysis approach as presented by Braun and Clarke (2006). The approach to data verification was influenced by Lincoln and Guba's (1985) approach, favouring credibility, transferability, dependability, and neutrality as presented by several authors (Porter 2007:85; Shenton 2004:64-73; Thomas & Magilvy 2011:152). The chapter ended with a discussion of ethical considerations, which included: respect for persons and their autonomy; beneficence and non-maleficence; trust; justice; and fidelity and scientific integrity, and was augmented with situational and cultural ethics, as well as relational ethics, as recommended by Tracy (2010:847).

The chapter that follows, Chapter Five, is the first of the chapters to present the findings of this study. It addresses the first of the two overarching research questions that were presented in Table 1.1. It presents the Welbedacht East parents'/ primary caregivers' perceptions and practices of 'good enough' parenting. The findings are based on the responses gathered from several questions that the parents/ primary caregivers were asked, which were then subjected to a process of purification, which allowed the prevalent themes to be easily identified. The perspectives of both community champions and parents/ primary caregivers regarding their perceptions of the quality of parenting practices are presented to explain the motivation for developing the broad goal and objectives for the parenting support intervention as favoured by the community.

CHAPTER FIVE:

PART 1 OF THE FINDINGS – THE WELBEDACHT EAST PARENTS’/ PRIMARY CAREGIVERS’ PERCEPTIONS AND PRACTICES OF ‘GOOD ENOUGH’ PARENTING

5.1 INTRODUCTION

The findings of a study are meant to present a persuasive explanation of the phenomenon under investigation. Thus far, the preceding chapters have explained the theoretical perspectives of the research topic, as well as the methodology and methods used to conduct the study. As noted by Trafford and Leshem (2008:79), these are important because they explain how the research topic was defined and what methodological approach and related methods of data collection were used. Without this structural foundation, one is unable to decide whether the findings offer a convincing explanation and satisfy the research goals. There are two persuasive explanations in this section of the thesis, as formulated when the two overarching research questions that framed the study were developed: “What are the Welbedacht East parents’/ primary caregivers’ perceptions and practices of ‘good enough’ parenting?” and “What should a locally specific parenting support intervention entail?”

In Chapter One the researcher provided the general introduction and orientation to the study, and motivated the importance of strengthening parenting practices through the development of culturally and contextually relevant parenting interventions. The research methodology and methods that the researcher planned to use to conduct the study were also discussed. Chapter Two offered a systemic understanding of parenting, combining bioecological and social inclusion theories, raising awareness of the multiple contextual layers that affect the quality of parenting that children experience. The concept of ‘good enough’ parenting was examined in Chapter Three, together with the continuum of parenting care that children experience: ‘bad’ or ‘neglectful’ parenting, ‘good enough’ parenting, and ‘good’ or ‘intensive’ parenting. A detailed account of the application of the research methodology and methods, undertaken during the five steps of Phase One of the IDD model, was presented in Chapter Four. By describing how the methodology and methods were applied, it was hoped that the answers to the two overarching research questions would be confirmed as credible, empirically valid, and relevant to be able to contribute to the body of knowledge on ‘good enough’ parenting and the development of a culturally and contextually relevant parenting support intervention for parents/ primary caregivers living in LSEEs.

This chapter is the first of three that shifts that discussion to the research findings, based on the descriptions and themes developed from the analysed data. Using the information presented in the four preceding chapters as the backdrop, the findings advance the reader's understanding of the participants' perspectives about parenting in Welbedacht East, making their opinions and meanings explicit (Creswell 2014:204). According to Polkinghorne (2005:138), data then become evidence, which substantiates the explanations presented.

Given the voluminous information collected from multiple sources during the research process, it was necessary to sub-divide the findings into three distinct chapters, each addressing different themes related to the research questions.

Part 1 addresses the parents'/ primary caregivers' perceptions and practices of 'good enough' parenting. The discussion of the community champions' perceptions of the indicators of 'good enough' parenting follows to serve as a contrast/comparison. Part 1 is presented as Chapter Five. Part 2 offers a contextualised understanding of the factors, positive and negative, that the participants identified which impact on the Welbedacht East parents'/ primary caregivers' abilities to perform as 'good enough' parents. Part 2 is presented as Chapter Six. The combined findings of Part 1 and Part 2 achieve the first objective of the study to answer the first research question: "What are the Welbedacht East parents'/ primary caregivers' perceptions and practices of 'good enough' parenting?" Part 3 addresses the participants' perspectives of what resources and parenting topics/ parenting support interventions were needed to strengthen the parenting practices of the Welbedacht East parents. Part 3 is presented as Chapter Seven. The persuasive explanations of the three chapters fulfil the task goals of Step 3 and 4 of Phase 1 of the IDD, involving identifying the concerns of the participants and data analysis (Fawcett et al 1994:28) to address the second research objective: "What should a locally specific parenting support intervention entail?" This completes Step 5 of Phase 1 of the IDD.

The findings are split into nine parts, each with its own theme and corresponding sub-themes, across three chapters. The outline of these findings is tabulated below to frame the discussions and serves as a structural guide for Chapter Five, Six and Seven.

Table 5.1: Themes developed from the findings

Section of findings	Part 1.1	
Location in thesis	Chapter Five	
Theme	The Welbedacht East parents'/ primary caregivers' perceptions and practices of 'good enough' parenting	
Sub-themes	Physical health, development & safety Psychological & emotional development Cognitive development & education	Social development & behaviour Parental foundational competence
Section of findings	Part 1.2	
Location in thesis	Chapter Five	
Theme	The community champions' perceptions of the indicators of 'good enough' parenting	
Sub-themes	Physical health, development & safety Psychological & emotional development	Cognitive development & education Social development & behaviour
Section of findings	Part 1.3	
Location in thesis	Chapter Five	
Theme	The perceptions of the quality of parenting practiced in Welbedacht East	
Sub-themes	'Good' parenting 'Good enough' parenting 'Bad' parenting	
Section of findings	Part 2.1	
Location in thesis	Chapter Six	
Theme	Factors that challenged parenting practices in Welbedacht East	
Sub-themes	Inadequate community infrastructure Family structures	Social problems Personal factors
Section of findings	Part 2.2	
Location in thesis	Chapter Six	
Theme	Protective factors and community resources that parents/ primary caregivers accessed	
Sub-themes	Protective factors	Resources
Section of findings	Part 2.3	
Location in thesis	Chapter Six	
Theme	Culture and its influence on parenting practices in Welbedacht East	
Sub-themes	Culture does not affect parenting Culture does influence parenting The positive outcomes of race and culture	
Section of findings	Part 3.1	
Location in thesis	Chapter Seven	
Theme	Resources recommended for enhancing parenting practices in Welbedacht East	
Sub-themes	Social work services and programmes Employment and training opportunities Educational facilities for children Recreational facilities Healthcare facilities Housing Transportation Policing	
Section of findings	Part 3.2	
Location in thesis	Chapter Seven	
Theme	Topics recommended for inclusion in a contextually and culturally relevant parenting support intervention	
Sub-themes	Physical health, development and safety Social development and behaviour	

	Psychological and emotional development Cognitive development and education Foundational competency of parents/ primary caregivers
Section of findings	Part 3.3
Location in thesis	Chapter Seven
Theme	Broad objectives for a the locally specific parenting support intervention

Having explained how the three chapters on the findings of the study are connected to the preceding chapters and having orientated the reader to what can be expected in the three parts of the findings, it is necessary to commence with an overview of the biographical data of both sample sets. This is in keeping with Mouton's (2005:124) recommendation that a discussion of the sample and its characteristics enables the reader to understand what the researcher has discovered during the course of the study (Upreti 2009:117).

5.1.1 Biographical data of participants

It is customary to begin the findings section of the thesis with an outline of the research participants (Mabuza, Govender, Ogunbanjo & Mash 2014:7) and so the biographical characteristics of both sample sets, parents/ primary caregivers and community champions, are presented. The first table is a condensed version of the biographical data of the parents/ primary caregivers, because they were the focus of the study. The table containing the biographical data of the community champions follows. The table summarises key characteristics of each participant (Mabuza et al 2014:7), such as: age, gender, ethnic group, religion, highest level of education obtained, family structure of the household, participant's occupation, number of people living in the home, sources of income for the family, which includes the Disability Grant (DG), the CSG, and the Old Age Pension (OAP); and number of years that the participant has resided in Welbedacht East (WE).

A pseudonym was assigned to each participant to uphold their right to confidentiality. The code PPC is used to refer to the participants who are parents/ primary caregivers and the code CC to refer to the community champions. These codes are placed in brackets behind the pseudonyms to enable the reader to know at a glance whose voice the quotation represents. This differentiation is supported by Mabuza et al (2014:7) to remind the reader that different sources have been used to support the findings.

Table 5.2: Summary of biographical information of parent/ primary caregiver participants

(Pseudonyms were used to protect the privacy of participants)

Participant no. & pseudonym	Age	Gender	Ethnic group	Religion	Highest Level of Education	Family structure	Occupation	No. of people living in the home	Sources of income	No. of years residing in WE
PPC 1 Angel	33	Female	Coloured	Christian	Gr 10	Participant is an unmarried, single parent. Father of the youngest is involved, but resides elsewhere.	Childminder	4	<ul style="list-style-type: none"> • CSG x 3 • Maintenance from child's father • Income from child minding 	10 years, since the government's Reconstruction and Development Plan (RDP)
PPC 2 Rekha	29	Female	Indian	Christian	Gr 10	Restructured family Participant is an unmarried, single parent (cohabiting with partner). Father of the youngest child resides in the home.	Unemployed	5	<ul style="list-style-type: none"> • CSG x 3 • Occasional support from one child's father in form of gifts and groceries • Partner is employed 	29 years Born there
PPC 3 Josie	21	Female	Indian	Christian	Gr 9	Nuclear family, father of the child resides in the home.	Unemployed	3	<ul style="list-style-type: none"> • CSG x 1 • Partner is a food vendor 	21 years Born there
PPC 4 Dudu	20	Female	Zulu	Christian	Gr 12	Grandmother-headed household. Participant is an unmarried, single parent.	Unemployed	6	<ul style="list-style-type: none"> • CSG x2 • Mother's DG • Brother contributes groceries 	11 years RDP
PPC 5 Ethel	39	Female	Indian	Christian	Grade 11	Grandfather-headed household. Participant is separated from husband.	Unemployed	7	<ul style="list-style-type: none"> • CSG x 3 • Sister-in-law is employed • Father-in-law's OAP 	11 years RDP
PPC 6 Kuhle	42	Female	Xhosa	Christian	Grade 2	Kinship carer. Participant is unmarried.	Self-employed:	5	<ul style="list-style-type: none"> • CSG x 3 • Income from sewing 	11 years RDP

							Traditional dressmaker			
PPC 7 Olga	39	Female	Xhosa	Christian	Grade 12	Nuclear family, father of the child resides in the home.	Housewife Studying for a Diploma in Education	6	<ul style="list-style-type: none"> Husband's salary 	11 years RDP
PPC 8 Sphindi	18	Female	Zulu	Christian	Grade 12	Extended family. Participant is an unmarried, single mother.	Unemployed Studying	12	<ul style="list-style-type: none"> CSG x 8 Aunt's income from casual work 	10 years RDP
PPC 9 Hle	34	Female	Zulu	Christian	Grade 10	Grandmother-headed household. Participant is a single mother.	Unemployed	10	<ul style="list-style-type: none"> CSG x 3 Rental from tenants 	12 years RDP
PPC 10 Xoli	47	Female	Xhosa	Shembe	Grade 4	Grandmother-headed household. Participant cohabitates with partner.	Domestic worker	6	<ul style="list-style-type: none"> Salary CSG x 3 	12 years RDP
PPC 11 Muhle	40	Female	Zulu	Christian	Grade 7	Participant is an unmarried, single mother.	Unemployed	5	<ul style="list-style-type: none"> CSG x 3 	11 years RDP
PPC 12 Faith	28	Female	Zimbabwean / Shona	Christian	Grade 11	Nuclear family, father of the child resides in the home.	Unemployed	5	<ul style="list-style-type: none"> Husband's salary Casual work (hairdressing and domestic) 	4 years Renting
PPC 13 Vuyi	19	Female	Zulu	Christian	Grade 10	Grandparent-headed household. Participant is an unmarried, single mother.	Unemployed	7	<ul style="list-style-type: none"> Parents' incomes CSG x 1 Occasional support in the form of baby food, nappies, clothes from paternal grandparents 	18 years Raised there

PPC 14 Carol	29	Female	Zimbabwean / Shona	Christian	Grade 12	Nuclear family, father of the child resides in the home.	Unemployed, but does casual work	4	<ul style="list-style-type: none"> • Husband's salary • Casual work (hairdressing and domestic) 	5 years Renting
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As presented in the table, the purposive sample of the 14 parents/ primary caregivers consisted only of women. The explanation for this was given in Section 4.5.2.3. Numbers are used in the discussion of the biographical data of the samples to offer deeper descriptions (Sandelowski 2001:231) and reflect information that may suggest the potential generalisability of the findings to other settings (transferability) and within the study (internal generalisability) (Maxwell 2010:478), the latter being more relevant to this study. The ages of the parents/ primary caregivers were fairly evenly distributed between 18 and 47 years. Three of the parents/ primary caregivers were 20 years of age or younger, four between 21 and 30 years, four between 31 and 39 years of age, and three were older than 40.

There was diversity in terms of the languages and ethnic groups the participants represented. This is indicative of the mixed cultural nature of Welbedacht East, being one of the settlements on the outskirts of Chatsworth (Sewpaul & Pillay 2011:287). Participants described themselves as follows: three Indian, one Coloured, three Xhosa, five Zulu, and two Zimbabwean.

The majority of the participants (nine) were single mothers. Three of these single mothers lived alone with their children. Five lived with a parent or parent-in-law, describing their family systems as grandparent-headed households. This number of grandparent-headed households was proportionally higher than the figure presented by Budlender and Lund (2011:929), which projects that approximately one fifth of the South African population lives in three generation households. Only three participants described their family structures as nuclear family households, as they were cohabiting with the father of at least one of their children. One participant lived with an aunt and her cousins, and another described herself as a great aunt who was caring for her sister's grandchild. The characteristics described are consistent with reports that note that the nuclear family is not the norm in South African families (Budlender & Lund 2011:925), where many women care for their children on their own or with some assistance from the extended family (Holborn & Eddy 2011:4). As noted by Holborn and Eddy (2011:4), the number of households living as extended families has increased, particularly African, single parents who live with their relatives.

A few participants mentioned receiving financial or emotional support from the fathers of their children (five). Only one made mention of receiving regular maintenance payments from the father of her child. The nature of the support mentioned by others was mostly material, and included occasional gifts of clothing, diapers, or foodstuffs, which were only given when the fathers had money. This was consistent with Budlender and Lund's (2011:927) statement that fathers play a much smaller role than expected in many South African families, firstly because the majority of children live apart from their biological fathers (Budlender & Lund 2011:928)

and secondly, because many fathers fail to make adequate financial contributions to the upbringing of their children. Whilst the South African Maintenance Act 99 of 1998 (South Africa 1998) regulates that a non-resident, biological parent should provide for the child, irrespective of whether their child is born in or out of wedlock, Budlender and Lund (2011:927) explain that the non-compliance of non-resident fathers is mostly because of the high levels of unemployment, low levels of income, and the tendency of biological fathers to deny paternity or disappear without taking any responsibility for the child, making it difficult for the mother of the child to find them. According to Holborn and Eddy (2011:4), the increasing number of absent fathers is a growing concern, and in 2009 the number of African children under the age of 15 years who were described as fatherless was as high as 52 per cent.

Most of the participants (11) were dependent upon the CSG. The CSG is a monthly means-tested, state-funded cash transfer which aims to support children via their primary caregivers (Jordan et al 2014:394) in an effort to reduce poverty amongst single caregivers who earn less than 10 times the value of the grant (Budlender & Lund 2011:937; Holborn & Eddy 2011:4; Tanga & Gutura 2013:128). As from 1 April 2018, the CSG was R400 per month per child with a planned adjustment to R410 from 1 October 2018 (IOL News 2018). Whilst evaluations indicate that the grant provides a small but useful supplement to the household budget (Hölscher et al 2009:16; Jordan et al 2014:395), it is criticised for being too little to feed one child for a month (IOL News 2018). The parent/ primary caregiver participants shared that they augmented these monthly payments through casual work, receiving assistance in the form of groceries from other relatives, or through their own livelihood activities, such as childminding, dress-making, or hairdressing. Two participants mentioned benefitting from the social grants received by other family members living in the home. The direct benefit of social grants, particularly the OAP that is paid to over 85 per cent of elderly (mostly poor) South Africans, is noted to have a positive impact on extended family households because, when pooled with other household income, more money is made available for these households to meet expenses (Ardington et al 2010:101; Budlender & Lund 2011:937). One participant earned additional money from renting out some space in the outbuildings on her property to a few tenants.

Unemployment was a predominant characteristic in this study. This is similar to the study by Tanga and Gutura (2013:132), which found that 80 per cent of women who received the CSG were unemployed. Ten parent/ primary caregiver participants described themselves as unemployed and two participants worked full-time; one as a domestic worker and another as a childminder. This was consistent with the findings in Budlender and Lund's report (2011:933) which noted that, typically, unskilled women struggle to find employment and depend upon the informal sector for work, which usually yields lower incomes than the formal employment

sector. Black women and youth are recognised as major at-risk groups among the unemployed in South Africa (Strydom & Tlhojane 2008:41).

Participants' educational achievements varied. One parent had passed Grade 2 (foundation phase education) and four of the sample had passed their matric certificate (Grade 12). Almost a third of the sample (four) had dropped out of school at the end of Grade 9 or lower. Ten participants had not completed their matric, suggesting that the majority of participants lacked the skills to enable them to enter the open labour market or qualify for tertiary education. One of the mothers was studying towards a diploma. It is noted that homes with poorly educated household heads have a higher incidence of poverty than those who are better educated (Strydom & Tlhojane 2008:39). Poverty intensifies in families headed by single parents with low levels of education since they have limited employment opportunities, mainly as a result of their lack of qualifications and relevant work experience (Tanga & Gutura 2013:134).

The number of people living in each participant's household was high. Between three and 12 people were living in each of the homes. Eleven of the participants had five or more people living in their households, proportionally higher than the 66 per cent found in Tanga and Gutura's study (2013) of CSG recipients living in the Eastern Cape. Overcrowding of households is mentioned by Holborn and Eddy (2011:6) as a considerable concern in South Africa, as just under a third of children between birth and 17 years of age were reported to be living in overcrowded households in 2008. The risks associated with overcrowding impacts on the physical, psychological, and social functioning of all family members (Strydom & Tlhojane 2008:40).

Participants all described their religion as Christian. This is not surprising, because Hope and Van der Merwe (2013:322) note that close to 80 per cent of the South African population is Christian.

The women had been residents of Welbedacht East for between three and 29 years. Three had been born or raised in the community, two were renting (both Zimbabweans), and the remaining nine had been there for between 10 and 12 years, coinciding with the handover of the first low-cost houses developed in line with the government's Reconstruction and Development Plan (RDP) for Welbedacht East.

In summary, the parent/ primary caregiver participants sample contained mostly Black African women, the majority being single mothers. Only a few fathers were involved in the lives of the children, mentioned as typical in LSEEs by Holborn and Eddy (2011:6). The participants were poor, or vulnerable to poverty, as mentioned by Chikadzi and Pretorius (2011:255). They

lacked adequate income to meet the basic needs of their families, which was aggravated by unemployment (Hope & Van der Merwe 2013:312; Nel & Roestenburg 2004:113). The CSG was the most regular source of income that the women received. Their low levels of education and/or lack of work experience reduced their chances of securing employment (Tanga & Gutura 2013:134). Many lived in extended family systems, which explained the over-crowded households of more than five people in a dwelling which had been designed for four people. The extended family arrangement reportedly provided the participants in this study with support and when there was a family member who was in receipt of a state grant, not just the CSG, it benefitted the extended family because incomes were pooled. Most of the participants had moved into Welbedacht East between 10 and 12 years prior to the study, to take occupation of the government-funded, low-cost houses.

The biographical profile of the community champions is presented next. The inclusion of the community champions provided valuable insights about parenting practices in Welbedacht East to augment the insights of the parents/ primary caregivers.

Table 5.3: Summary of biographical information of the community champion participants

Participant	Role in community	Highest level of Education	No. of years serving the community	Age	Gender	Religion	Ethnicity
CC 3 Lindiwe	<ul style="list-style-type: none"> Co-facilitator of a parenting programme for another organisation Part-time paediatric nurse Resident 	Nursing Diploma Degree: BSW	6 years	30	Female	Christian	Xhosa
CC 4 Dina	<ul style="list-style-type: none"> Social worker at a FBO - children's home 	Degree: BSW	5 years	67	Female	Christian	Coloured
CC 5 Fikile	<ul style="list-style-type: none"> Student Social worker at the local school Resident Community volunteer 	Degree: BSW	11 years	34	Female	Christian	Zulu
CC 6 Mary	<ul style="list-style-type: none"> Founder of an NPO for disabled persons Resident Community volunteer 	Grade 10 Adult basic education training course (ABET)	12 years	53	Female	Christian	Zulu
CC 7 Sara	<ul style="list-style-type: none"> Founder of an NPO for skills development and empowerment of women Community volunteer Resident 	Grade 8	48 years	52	Female	Christian	Indian
CC 8 Vihaan	<ul style="list-style-type: none"> Religious leader Resident 	Grade 12	22 years	50	Male	Hindu	Indian
CC 9 Anna	<ul style="list-style-type: none"> Social worker at an NGO 	Degree: BSW	2 Years	23	Female	Christian	Xhosa
CC 10 Betty	<ul style="list-style-type: none"> Taxi rank manager Resident 	Grade 11	12 years	44	Female	Christian	Coloured
CC 11 Grace	<ul style="list-style-type: none"> Community volunteer HIV home-based carer Member of a feeding scheme 	Grade 7	12 years	46	Female	Christian	Xhosa/ Sotho

	<ul style="list-style-type: none"> • Resident 						
CC 12 Pavi	<ul style="list-style-type: none"> • Clinical nursing practitioner 	Diploma: Nursing	13 years	45	Female	Hindu	Indian
CC 13 Zanele	<ul style="list-style-type: none"> • Social worker, ECD coordinator 	Degree: BSW	6 years	35	Female	Christian	Zulu
CC 14 Karima	<ul style="list-style-type: none"> • ECD coordinator • Resident 	Grade 11	18 years	49	Female	Christian	Indian
CC 15 Elias	<ul style="list-style-type: none"> • ECD coordinator • Resident 	Grade 12	13 years	56	Male	Christian	Xhosa
CC 16 Thoko	<ul style="list-style-type: none"> • Project manager in child and youth care • Resident 	Degree: BSW	13 years	40	Female	Christian	Xhosa
CC 17 Nahil	<ul style="list-style-type: none"> • Project Officer – ECD • Religious leader • Resident 	Grade 10	18 years	74	Male	Christian	Indian
CC 18 Jay	<ul style="list-style-type: none"> • Local ward councillor 	Grade 12	1 year	57	Male	Hindu	Indian

Sixteen community champions were included in the community champion sample. They were regarded as key informants who interacted frequently with parents/ primary caregivers of younger children under the age of nine years in Welbedacht East. They were chosen for their valuable practical knowledge gained from their interactions whilst rendering formal or informal services to parents/ primary caregivers, as explained in Chapter Four, Section 4.5.2.1. All community champion participants who were asked to participate agreed to do so. The decision to collect data from this group of persons was intended to minimise the problem that Diefenbach (2009:882) refers to as “what people say or don’t say” in interviews because of their socially internalised thought patterns. Parenting is a sensitive topic and it was expected that some socially desirable responding could be expected from the parent/ primary caregiver sample in response to some of the questions asked. Socially desirable responding in the context of this study would suggest that some parents would present their parenting practices in a more favourable or morally adequate light. They may have done this unconsciously, believing the information they shared about their parenting practices to be correct, or consciously, misrepresenting their performance as parents (Rapley 2001:308). Both responses are typical when participants are questioned about sensitive issues, because they naturally want social approval and wish to avoid judgment (Van de Mortel 2008:41). The inclusion of the community champions allowed a comparison of the perspectives of the two groups to be made and improved the trustworthiness of the findings (Lachman, Sherr, Cluver, Ward, Hutchings & Gardner 2016:2337).

The ages of the community champions ranged between 23 and 74 years, with most being in middle adulthood. Middle adulthood refers to the period in the life of a person between young adulthood and old age, and the most common definition is between 40 and 65 (ER Services 2018). Five fell within the 40 to 49 age group, five in the 50 to 57 age group, and two participants were older than 57. Three participants were in their 30s and one was in her 20s. The prevalence of mature people in this sample suggested that they themselves had experienced life and parenting, and would possess valuable insights about the research topic. There were four community champions who were under 40 years of age and closer in age to the parents/ primary caregivers, and therefore were likely to represent the parents’/ primary caregivers’ perspectives and needs more sensitively, because they shared this developmental life stage.

Twelve of the participants were women and four were men. The inclusion of men in this sample helped to compensate for the absence of men in the parent/ primary caregiver group, which was one of the limitations of this study.

Eleven of the community champions were permanent residents of Welbedacht East, suggesting that they had an understanding of the community dynamics, could offer an insider's view of parenting practices within the community, and would be in a position to provide reliable comments on the context in which the parenting occurred. The community champion who had the longest residency in the community had lived there for 48 years. Nine of the community champions had been associated with the community for between 11 and 18 years. The newest community champions to the community were a social worker who had worked in Welbedacht East for two years and the ward councillor who had been elected that year (2016). The biggest proportion of members in this sample (11) had been associated with the community for longer than 11 years.

The community champions were connected to Welbedacht East through the formal or informal services they rendered to the parents/ primary caregivers living there. Ten community champions were linked to Welbedacht East through their employment. Four were social workers; one was a clinical nurse; one a local government councillor; three were ECD coordinators, one of whom was also a faith-based leader; another was a project manager for Isibindi, a state-initiated programme to support vulnerable children living in the community; and one was a full-time leader of a FBO. Six participants were associated with the community as volunteers. The volunteers served in multiple roles: co-facilitating a parenting programme developed for an outside organisation, facilitating and empowering disabled learners in the community to access education, establishing a skills development and women empowerment group, rendering home-based care to HIV positive community members, running a feeding scheme, and generally being available to offer community members advice and referral to relevant social services. A local transport manager was identified as an important community gatekeeper. These formal and informal participants were people who interfaced with parents as they went about their daily routines.

The range of the level of education of the community champions was large, between Grade 7 and a Bachelor's degree, but most tended to be relatively well-educated. Six community champions had completed a Bachelor's degree, two had nursing diplomas (one of whom had a dual qualification as a social worker), three had completed their matric, and of one of those who had not completed her schooling had successfully passed an ABET developed by the Department of Education to offer training to those adults who had not completed their school education to increase opportunities for further social, economic, and political participation.

The diversity of ethnic groups within the community champion sample reflected the cultural diversity associated with Welbedacht East. Six of the participants were Indian, three were

Zulu, five were Xhosa, and two were Coloured. The area in which they served the community was originally referred to as Demat. It was designated to be a residential area for Indian/Asian people in terms of the Group Areas Act and Black people only settled there later, after 1994, when all people were allowed to live there, irrespective of race (Sokhela 2006:58). Welbedacht East had vacant land on which informal dwellings could be established. An influx of Xhosa people from the Eastern Cape was noted when they came to Durban mainly to find employment and could not find accommodation elsewhere (Sewpaul & Pillay 2011:287; Sokhela 2006:58). The increase in Zulu people was particularly noticeable prior to the initiation of the housing project in 2008.

All 16 participants stated that they belonged to a religious group; 13 were Christian and three were Hindu.

In summary, the 16 community champions formed an ethnically diverse sample, representing the main ethnic groups represented in the community. Collectively, they had served the community for many years either professionally or as volunteers. Amongst the professional participants were social workers, early childhood educators, health professionals, religious leaders, and a childcare worker. Three quarters of the participants were older than 40 years and permanent residents in the community. They all belonged to a religious order. There were twice as many women in the sample as men.

In the sections that follow, Part 1.1 to 1.3 of the findings are presented, each with its main theme and accompanying sub-themes, supported by the direct quotations of both sets of participants. Identified themes, sub-themes, and categories will be compared with the body of knowledge consulted.

The theme of Part 1.1 of the findings will now be discussed with its related sub-themes and categories. It addresses the Welbedacht East parents'/ primary caregivers' perceptions of what they perceived 'good enough' parenting to entail.

5.2 PART 1.1 OF THE FINDINGS: THE WELBEDACHT EAST PARENTS'/ PRIMARY CAREGIVERS' PERCEPTIONS AND PRACTICES OF 'GOOD ENOUGH' PARENTING

The findings related to Part 1.1 of the findings section of the thesis, namely the Welbedacht East parents'/ primary caregivers' perceptions and practices of 'good enough' parenting, will now be presented. Quotations, or selected anecdotes as described by Uprety (2009:115),

taken from the participants' transcriptions are used to explain the themes (Creswell 2014:204). They provide evidence in the form of concrete examples of the topic under discussion, representing participants' thoughts, feelings and moods, and advancing the reader's understanding of their perspectives about parenting in the context of Welbedacht East (Diefenbach 2009:884; Mabuza et al 2014:7; Sandelowski 1994:480). It is noted by Diefenbach (2009:884) that this may not necessarily provide an accurate picture of the real world but will certainly explain how the research participants perceived the real world, which was pertinent to the cultural and contextual nature of the study.

At the outset of the study, a conscious decision was taken to favour participants' explanations rather than the interpretations by the researcher about what they said. The intention was to allow the reader to connect with the participants' perspectives of the themes, so that they would 'come alive' (Mabuza et al 2014:7; Sandelowski 1994:480).


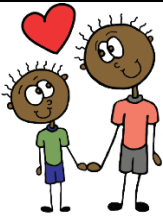



This was both relevant to the qualitative approach and bioecological framework used to contextualise the experiences of the research participants (Fossey et al 2002:727), privileging their knowledge (Patton 2002:1) and making sure that the research process remained in keeping with social inclusion theory and true to culturally sensitive research. The copious quotations deliberately amplify participants' voices, acknowledge their efforts, and promote empathy towards parents/ primary caregivers amidst the challenges they face in parenting children under difficult circumstances (Krumer-Nevo & Sidi 2012:299; Sandelowski 1994:480). Accordingly, when the structural factors that affected parenting practices amongst this community became evident during the analysis, the researcher chose to stay with the participants' explanations and descriptions in the discussion of findings as far as possible, in keeping with the research objectives. "Othering", the tendency to present difference as inadequacy or inferiority (Krumer-Nevo & Sidi 2012:307), can be the downfall of academic writing, particularly with regards to parenting in culturally diverse and LSEE settings. References to the complexities of the assessments were discussed in the previous chapters (see Section 2.6.1.1c, 3.3.1.3 and 3.4.3.2). To avoid falling into this habit of "othering", much reflection was required whilst preparing the findings for presentation. The researcher has tried to reconstruct the context of the parents'/ primary caregivers' lives, highlighting their experiences, emotions, ideas, and personal analyses of their circumstances and relationships within their social milieu in as much detail as possible. Heed was taken of Johnson and Waterfield's caution (2004:124) that at no stage should the researcher exaggerate the participants' experiences as underdogs.

The findings are presented against the theoretical framework and compared to other existing studies that confirm or contradict the evidence presented in each theme, sub-theme and category (Mouton 2005:109).

In order to facilitate the parents'/ primary caregivers' perceptions and what they considered the important indicators of 'good enough' parenting to be, 30 relevant picture cards were used, each representing a different parenting indicator as explained in Chapter Four, Section 4.5.3.6, and may be referred to in Addendum N.

As represented in the table that follows, the parents'/ primary caregivers' perceptions of the indicators of 'good enough' parenting are listed under five sub-themes, and underneath each sub-theme the categories as discussed during their interviews are listed. The five sub-themes each represent one of the four domains of 'good enough' parenting, as presented in Table 3.3.: taking care of their children's 1) physical health, development and safety, 2) emotional and psychological development, 3) cognitive development and education, and 4) social development and behaviour, as well as 5) demonstrating parental/ primary caregiver foundational competence as promoted by Johnson et al (2014:104). Cross references are also made to Chapter Two, the theoretical framework of the bioecological and social inclusion theories, particularly the latter theory which underscores the need for parents to be connected to the four elements of social inclusion, as presented in Figure 2.5 and discussed in Section 2.4.1.1 to 2.4.1.4, namely markets, services, spaces and crisis services.

Table 5.4: Parents'/ primary caregivers' perceptions of the indicators of 'good enough' parenting according to the five domains

				
Physical health, development and safety	Psychological and emotional development	Cognitive development and education	Social development and behaviour	Parental foundational competence
<ul style="list-style-type: none"> • Provides the child with a place to stay • Maintains the child's hygiene • Provides the child with good nutrition • Takes care of the child's medical needs • Maintains the child's safety • Plans for the child's future • Establishes a daily routine • Parental understanding of children's rights 	<ul style="list-style-type: none"> • Shows the child love and affection • Shows understanding/ talks to the child • Engages in parent-child play • Builds the child's self-confidence • Understands the child's unique personality • Creates stability in the child's life • Promotes the spiritual development of the child 	<ul style="list-style-type: none"> • Understands the child's developmental stage • Ensures school attendance • Forms a home—school partnership • Stimulates the child's intellectual development • Takes the child to interesting places 	<ul style="list-style-type: none"> • Sets a good example for the child • Sets limits and uses discipline • Teaches the child manners • Develops the child's cultural identity • Participation in organised activities outside the home • Encourages contact with family members outside the home 	<ul style="list-style-type: none"> • Puts the child's needs before own • Demonstrates emotional restraint • Willingness to seek help

Each of the five sub-themes that are presented in the table will be discussed separately. The themes are consistent with the aligned domains and positive indicators of child well-being as contained in the CFCW (Lippman et al 2009) and scholarly references to 'good enough' parenting practices as consolidated in Table 3.3. The same format is used for the discussion of each domain. The categories relevant to each sub-theme are listed and then discussed separately, using the quotations of parents/ primary caregivers as related to the 'good enough' parenting indicators that they associated with that category. The quotations are presented in table format to present the collective voices of the parents/ primary caregivers and a few of their personal opinions about why some of the indicators of 'good enough' parenting was difficult to achieve. Their perspectives are compared with a literature control throughout. This is the only section of the research findings where the explanations presented are strictly those of the parents/ primary caregivers. The community champions' perceptions of the indicators of 'good enough' parenting are presented as Part 1.2 of the findings in this chapter.


The first sub-theme to be presented is the indicators of ‘good enough’ parenting that the parents/ primary caregivers identified as important to the physical health, development and safety of their children.

5.2.1 Sub-theme 1: Physical Health, Development and Safety

The CFCW (Lippman et al 2009:20) stresses that each child is entitled to a positive health status and maintenance of that health status. This includes healthy eating, exercise, and sleep habits; keeping the child safe from injury; and equipping them with risk management skills. In keeping with this, scholars have identified that one of the parenting functions expected of ‘good enough’ parents is being able to uphold the healthy physical development of their children (Hoghughi & Speight 1998:294; Jones 2013:170; Johnson et al 2014:96; NSPCC 2014; Seay et al 2014:204). These perspectives were covered in Section 3.4.1. Furthermore, as stated in Sections 2.4 (the review of the social inclusion theory) and 2.6 (the bioecological circles of influence and their impact on parenting), a lack of resources and opportunities may severely limit parents’ ability to satisfy this domain of child well-being.

Consistent with these expectations, the parents/ primary caregivers described the importance taking care of the child’s basic needs as a ‘good enough’ parenting indicator. The categories that they discussed under this sub-theme were providing the child with a place to stay, maintaining the child’s hygiene, providing the child with good nutrition, taking care of the child’s medical needs, maintaining the child’s safety, planning for the child’s future, establishing a daily routine, and understanding children’s rights.

Table 5.5: Parents’/primary caregivers’ indicators of ‘good enough’ parenting related to the physical health, development and safety of the child

	Physical Health, Development and Safety
	<ul style="list-style-type: none"> • Provides the child with a place to stay • Maintains the child’s hygiene • Provides the child with good nutrition • Takes care of the child’s medical needs • Maintains the child’s safety • Plans for the child’s future • Establishes a daily routine • Parental understanding of children’s rights

The first indicator for discussion was to provide the child with a place to stay.

- **Provides the child with a place to stay**

Most parents/ primary caregivers considered providing the child with a place to stay as important. Whilst the CFCW (Lippman et al 2009) does not mention housing specifically, Johnson et al (2014:119) prescribe that parents should provide the child with a weather-resistant living space that is secure, durable, and clean enough to promote health and prevent injury. The provision of housing as an indicator of parent responsibility is endorsed by the Ecological Developmental Model of Sung and Su (2007:4), as presented in Section 2.3.5.1, and the Child Assessment Framework (London Safeguarding Children Board 2017) as presented Section 2.3.5.2. Housing, when available, confers status and security on people (World Bank 2013:92). It was evident that the parents/ primary caregivers considered housing as a representation of security, as mentioned in Section 2.4.1 in the explanation of social inclusion theory, and a parenting responsibility that had to be prioritised. Their comments regarding this are tabulated below.

Participants	Quotations
Ethel (PPC)	<i>"That (shelter) is a very important thing. It is very important that they have a roof over their head. Wherever you stay you need to factor that in. It is very important. No matter what... your child needs to have a place to stay."</i>
Hle (PPC)	<i>"Yes, a home... No matter how poor you are, but if you have shelter, it is more important than anything else... The first thing that you need to have is your own house. You know that even if you need help (have problems), you have your own home. Even with me, if I am short somewhere (short of money)... at least I have a place to sleep... You can have everything, but if you do not have a home/house, you don't have anything."</i>
Carol (PPC)	<i>"Children must have a place to stay."</i>
Vuyi (PPC)	<i>"It is important for the parent to make sure that the child has a home."</i>

Having a place to stay was regarded as a protective factor by the participants. For example, Carol (PPC) said: *"Well they all have houses here. Only some are wood and iron (referring to informal shelters)."* And Vuyi (PPC) concurred: *"Well this one, I don't think we have this sort of problem. Because the housing is built, and we have these government houses that were given to us."*

It did not matter to the parents/ primary caregivers whether the housing was safe, durable, or weather-resistant as prescribed by Johnson et al (2014:119). Rather parents/ primary caregivers considered it important to provide their child a "space". Housing is an indicator of social inclusion, reflecting a person's participation in the "market" (McDonald 2011; World Bank 2013:6) and represents economic security (World Bank 2013:6).

According to Hope and Van der Merwe (2013:323), housing offers stability to poor families, as well as a sense of belonging, identity, citizenship, and self-efficacy (Manomano & Tanga 2018:19) and, when housing is available, Ndinda (2009:331) suggests that it enables women to become less dependent upon others, to dream, create, and plan their lives.

The second category mentioned was the importance of parents supervising the child's hygiene.

- **Maintains the child's hygiene**

Authors Johnson et al (2014:95-96) make specific mention of the importance of hygiene for the child's healthy development, expecting parents to prevent and treat their children's infections and also prevent others from being able to tease them for poor hygiene. As 'good enough' parents, they are expected to supervise the bathing, toileting, and tooth brushing of their children. The importance of maintaining the overall health status of children and inculcating healthy habits is indicated in the CFCW (Lippman et al 2009:20), but it does not specifically mention hygiene. Similarly, other scholarly works on 'good enough' parenting mention the physical care of children, rather than stipulating taking care of the child's hygiene needs (Choate & Engstrom 2014:371; Hoghughli & Speight 1998:294; Kellett & Apps 2009:27; Woodcock 2003:95). Most of the parents/ primary caregivers interviewed placed an emphasis on hygiene, offering examples of how they personally took this parenting indicator seriously. The value of parental access to markets and services as presented in the sections on social inclusions in Chapter Two, namely Section 2.4.1.1 and Section 2.4.1.2 respectively, were relevant to the parents'/ primary caregivers' discussion of this indicator, highlighting their need to access financial resources and basic services to fulfil this indicator.

Participants	Quotations
Olga (PPC)	<i>"I always make sure that when the children come back from school, they come back to a clean house, so that when I have gone somewhere, when I come back, I come back to a clean house. An example like that. They have seen it from me that a person cannot just sit in a dirty place. I tell the children to brush their teeth in the morning when they wake up, but if you don't practise that yourself, the children will be confused. 'If mama does not brush her teeth in the morning as she is telling us to, why are we brushing our teeth?'"</i>
Rekha (PPC)	<i>"I do that (referring to monitoring the child's hygiene), but my son, as soon as he is done bathing, goes to play!"</i>

Carol (PPC)	<i>"When I wake up, I go to the bathroom and I finish bathing and then I wake my daughter up and I send her to bath and I make sure that she brushes her teeth and washes her body thoroughly. I make sure I bath the little one and put him in clean clothes before he goes to crèche. When she (the daughter) comes home around 3 o'clock, I will do the same thing. I will give both my children a bath."</i>
Ethel (PPC)	<i>"At about six o'clock I wake the big boy. He goes to bath. Then the second one. Then the baby goes. I make sure they dress properly. I make sure that they have lotion on their face and that they are neat. I clean and wash their clothes for the next day. At evening time, I prepare the bath for them at around 4 o'clock."</i>
Faith (PPC)	<i>"I make sure that my children look clean... that's it!"</i>

Achieving the hygiene indicator of 'good enough' parenting in Welbedacht East was not without challenges for some, as will be illustrated in the explanations that some parents/ primary caregivers gave. Rekha (PPC) shared that as her water had been disconnected by the Municipality, she relied on water from another house: *"Because you must think... we were used to getting water. We budgeted in a certain way, and then suddenly we had to start paying for water. It's hard because, um, you see... like... when these people installed out water... the pipes had leaks in it. Now because the pipes had leaks, it falls on us. And at this present moment my meter is not connected. I have to take water from someone else* (suggesting that her water has been cut because of a heavy unpaid water bill)."

Without electricity, keeping her children clean was difficult for Ethel (PPC): *"I have to wake up at half past four in the morning. I come out and build a fire for my boys to give them hot water. I make a bonfire outside. There is no hot water in the house. There is no geyser. We are living in a tin house* (informal shelter)."

The promises made by the government to provide housing with electricity, running water, and waterborne sewerage systems did not materialise in the way that parents/ primary caregivers had envisaged (Africa Conflict Monitor 2016:6). Some of the parents/ primary caregivers were still living in *mjondolo's* (informal shacks) that were not connected to basic services. For those that had been allocated houses, the privatisation of basic services coupled with the sub-standard construction of their houses led to some having their water and electricity disconnected because of non-payment (Sewpaul 2005:315).

Concern was raised by some parents/ primary caregivers about the failure of others in the community to attend to the way the children were dressed. Vuyi (PPC) stated that there were many parents who failed to attend to their children's physical presentation:

“...they just dress their children anyhow. They don’t care what other people see or think. People may say or think, ‘This child is not dressed up properly and it is not appropriate for the child’, but still the parents don’t take any notice... The clothes are all torn and shabby. They are dirty, and they don’t fit properly.”

Carol (PPC), on the other hand, shared how difficult it was for some parents, given their financial stresses: *“You can see that they are trying to... most of them, even if the children are coming from poor houses they try to make sure that they got clean clothes and that the children are bathed.”*

The parent competency model provides an extensive list of indicators for this category, many of which were consolidated in Table 3.3 as presented in Chapter Three. Parents should provide children with the necessary toiletry supplies, educate them on how to maintain adequate hygiene for their health, and maintain the child’s hygiene in preparation for their social interactions with others (Johnson et al 2014:119). It was evident that parents/ primary caregivers comprehended what was required of ‘good enough’ parents in this regard, but some lacked basic services, such as electricity and water, which made it difficult for them to meet the requirements. Water and sanitation are basics for good health (World Bank 2013:11), as indicated in Figure 2.5 in Chapter Two, yet subordinate groups continue to struggle to access the basic services they need to achieve this (World Bank, 2013:94). Unsafe water, lack of sanitation, and poor hygiene are considered as risk factors for disease in South Africa, especially in children under five (Lewin, Norman, Nannan, Thomas, Bradshaw & the South African Comparative Risk Assessment Collaborating Group 2007:755). The inability of some parents in Welbedacht East to access water and electricity, as presented in the discussion, are tangible examples of the kinds of barriers inequality creates, which become difficult for marginalised people to overcome (Weisner 2010:212). Despite not being connected to water or electricity, some parents went to great lengths to ensure that their children were clean, neatly dressed, and presentable for school.

Parents/ primary caregivers listed the ability of parents to provide good nutrition for the child as the next indicator of ‘good enough’ parenting, and their comments around this will be reviewed.

- **Provides the child with good nutrition**

It is recognised that inadequate or intermittent access to food, as associated with financial constraints, is a serious public health threat (Kirkpatrick & Tarasuck

2010:1139). Food deprivation in the early years of a child's life is known to affect their development (World Bank 2013:101). Nutrition is linked to the overall health status of the child and the development of healthy habits by the CFCW (Lippman et al 2009:20), and reference is made by Lippman et al (2009:10) that good nutrition helps children grow to achieve their full genetic potential. Scholarly works on 'good enough' parenting include nutrition as relevant to maintaining the child's health status (Choate & Engstrom 2014:371; Houghugh & Speight 1998:294; Kellett & Apps 2009:27; North 2013:25). Good nutrition was therefore listed in Chapter Three, Table 3.3, under the overall health status of children and referred to as an indicator of social inclusion in Section 2.4.1.1 markets, 2.4.1.2 services, and 2.4.1.3 crisis services.

The parents/ primary caregivers referred to their efforts to maintain the nutritional wellness of their children, identifying this as an expected indicator of 'good enough' parenting.

Participants	Quotations
Carol (PPC)	<i>"It (nutrition) is very important so that they grow well and stay fit...You have to make sure that the child has what they need to grow properly."</i>
Kuhle (PPC)	<i>"I know that you have to give them healthy food."</i>
Ethel (PPC)	<i>"I try to give them what they need. But I would like it to be better."</i>
Dudu (PPC)	<i>"He (her son) gets eggs, brown bread... vegetables... but some vegetables like carrots he does not eat. Broccoli... some children don't like things like kiwi fruit, but he likes them. Even fruits, he gets. Snacks like Danone, he gets that too. He does eat sweets, but not too much. I monitor that too."</i>
Hle (PPC)	<i>"Like I would tell them (her children) that fruits is very important to your body. Milk is also important."</i>
Xoli (PPC)	<i>"The child must eat before going to school, so that when he gets to school, he can carry on with schoolwork, before eating the food that he has for lunch. They must go to school with a full stomach."</i>

Financial deprivation and a lack of accurate knowledge about nutrition were factors that challenged many of the parents/ primary caregivers, making it difficult for them to achieve this indicator of 'good enough' parenting.

In discussing nutrition, Kuhle (PPC) said that whilst she knew that it was important to feed her children healthy food, she just could not: *"I don't want to lie. I just can't I just make sure that there is some food in the pot (food to eat)."*

Ethel (PPC), Hle (PPC) and Rekha (PPC) explained that they did the best they could, based on what they could afford, but that it was not enough. Ethel (PPC) said: *“I do find it hard, but here and there, at times I try to give them like fruits.”* Hle (PPC) shared that she would improve on her children's diets if she had a better income: *“I would like to give them more fruit and milk. Those are the good things I give them, when I can afford to.”* The struggle of parents to offer children three healthy meals a day was shared by Rekha (PPC): *“It's like financially not really possible, really. If the finance is there, then, ja. But when we are short, it is a different story. There will be days when the children will not have a balanced diet with all the vegetables and meat and stuff. They don't always get three meals a day. So, if I could improve on this it would be better.”*

When Vuyi (PPC) spoke about feeding her children, she said: *“You have to balance your meals like. Like in the morning you must at least try to have a healthy one (meal).”*

Ethel (PPC), who had grown up in abject poverty, was proud of her efforts to give her children a choice of foodstuffs: *“Most of the time my boys get butter bread... They love their butter bread, or peanut butter or jam on toast. Sometimes I buy Kellogg's. One likes bread and one likes rice. The one must have rice in the morning and the other one bread... whether it is jam bread or dry bread with his tea. Sometimes I fry eggs for them in the morning. When their grandfather buys milk for them then I boil it and put a little sugar with it...”*

Carol (PPC) pointed out that there were many parents in the neighbourhood who lived in abject poverty yet tried to ensure that their children were fed. She shared: *“And some are actually going to beg so that they can have food for their children...”*

Parents/ primary caregivers expressed concern about the lack of understanding of nutritional requirements amongst some parents/ primary caregivers. According to Carol (PPC), the high number of children who suffered tooth decay was linked to a lack of calcium in their diets and a high intake of unhealthy foods. Others remarked on the high sugar levels introduced into the children's diets.

Carol's (PPC) explanation was as follows: *“They are not getting fresh milk that is good for the children. Some are only eating junk food, chips and sweets.”* This too was noted by Vuyi (PPC): *“There are so many little children with very bad teeth.”* Hle (PPC) spoke of enticing her children to drink milk by adding sugar to it: *“The milk is important. If they don't like the taste of the milk, it is better for them if you mix it with a little sugar.”*

The narratives reflected that parents/ primary caregivers were doing the best they could to feed their children but were unable to offer them the basic caloric intake as indicated by Johnson et al (2014:118). Dental cavities, commonly experienced amongst very young children in Welbedacht East and reported by some participants, are an indicator of a poor diet and poor hygiene (Taylor et al 2009:1186). The lack of transport, whilst not mentioned here but discussed extensively in other sections of the findings (see Section 6.2.1.3 and 7.2.7), would have contributed to the challenge of satisfying the nutritional needs of their children, because, as noted by Bostock (2001:12), cheap, varied food is only possible for those who can get to supermarkets without having to pay the costs of public transport. The fact that some participants reported not being able to provide three meals a day and secure foods of adequate quality offers evidence that parents of lower SES may struggle to facilitate the healthy development of their children in the absence of additional support. The local Ashram recognised this and prepared 4 500 meals for children daily, delivered by a food truck that drove into the community. Direct nutritional supplementation and nutritional education are considered effective strategies to prevent stunting and promote the motor and mental development of children (Engle, Black, Behrman, Cabral de Melo, Gertler, Kapiriri, Martorell, Young & the International Child Development Steering Group 2007).

The importance of parents being responsible for the child's medical needs and the parents'/ primary caregivers' views on this category of 'good enough' parenting was also mentioned and is discussed next.

- **Takes care of the child's medical needs**

This indicator was identified in Chapter Three (see Table 3.3) and is listed as one of the indicators of the overall health status of the child. Medical care was one of the important indicators of social inclusion (services), as consolidated in Figure 2.5 in Chapter Two. Scholarly expectations regarding parents taking care of the child's health needs include: securing routine medical care; intervening promptly in response to the child's illnesses or injuries; seeking advice when the child does not meet developmental milestones; and accessing dental care (Johnson et al 2014:119; Taylor et al 2009:1186).

Several parents/ primary caregivers mentioned the importance of parents attending to the health needs of their child as being one of the 'good enough' parenting indicators. Their views on this indicator follow below.

Participants	Quotations
Dudu (PPC)	<i>"I send him to the clinic when it is his day. He gets all the attention he needs when he is sick. I take him to the clinic when he is sick. I take him to the Ashram Clinic. Even when he gets hurt, I do put plasters on, as well."</i>
Josie (PPC)	<i>"I take my child to the doctor. I used to take him to the doctor in Unit Six now I take him to the one that is close to the Ashram."</i>
Carol (PPC)	<p>Despite not having resources to take her child to a doctor, she indicated that she was prepared to wait in the long queues at the clinic:</p> <p><i>"For me it is not a problem. When I see my child is sick, I must wake up early and sit in the queue so that my child will get something from the sisters. If it is a recurring matter, then I have to go to the hospital. The parents don't like to go, because they have to wake up early to go there. It is very easy if you feel like I do. You do that, but if you neglect it then your child won't get better. You know we have got these green books? (referring to the Road to Health books issued by the health clinics to monitor the child's health.) These books, ja. After three months you have to have another injection. If you don't open your book, then you won't see when your child has to go back to the clinic. You have to follow when you must go with your child, when is the next vitamin that the child needs and so on."</i></p>

In discussing this indicator, many parents/ primary caregivers noted their dissatisfaction with the health services they received, which made it difficult for them to fulfil this 'good enough' parenting indicator. Rekha (PPC) explained that her dissatisfaction was linked to the lack of interest shown by the clinic staff: *"They are doing it because they have to, because they get paid to do it. Not because they want to take care of the person that is coming to the clinic. Cause once when I took my son to the clinic and he had the flu, it was really bad and all they gave him was a cough mixture. It is very rare for them to give you medication that reflects on the illness. So that is the problem."*

Carol (PPC), although having indicated that she was prepared to use the clinic, admitted that she did so because she lacked resources to take her child to another healthcare provider: *"I don't have money for a private doctor. I must go to the local clinic. At least if I don't have money I can walk there."*

The parents/ primary caregivers interviewed appeared knowledgeable about the importance of going to the clinic to monitor the child's development and adhere to inoculation and vitamin supplement routines offered as a preventive measure. It was more difficult for them to take the child to see a medical doctor for timely medical care. The consequences of subordinate groups not being able to access services of this nature were mentioned in Section 2.4.1.2. When living in areas that lack healthcare resources, low-income families have to enter into negotiations to 'borrow' transport to attend to the healthcare needs of their children (World Bank 2013:12). It is noted that

the majority of the South African population relies on public health facilities and that the public healthcare sector lacks resources (Plaks & Butler 2012:137). It is further acknowledged that some healthcare users do not like to use these public services, because they perceive the quality of care that they have received from them as poor (Plaks & Butler 2012:137). The parents/ primary caregivers raised their concerns about the provincial health services. As shared by some participants, even though they suffered indignity when attending the clinics, they had no other healthcare options available to them (World Bank 2013:15). It was unclear whether the parents/ primary caregivers, in keeping with the indicators of the parental competency model, sought advice when concerned about the child's developmental lag or when the child suffered dental decay (Johnson et al 2014:119; Taylor et al 2009:1186).

The parents/ primary caregivers went on to mention the importance of parental monitoring of the child's safety as a positive indicator of 'good enough' parenting.

- **Maintains the child's safety**

As mentioned in the CFCW (Lippman et al 2009:20), the well-being of children depends upon their being protected from accident and injury and being taught risk management skills (see Table 3.3). Parents are considered by several authors as the child's primary source of protection. As stated by Choate and Engstrom (2014:371), parents need to mitigate against community-based threats to the child's safety and create a home life free from interpersonal violence. North (2013:25) succinctly states that parents must keep their children safe. However, it was further mentioned in Section 2.6.2 and 2.6.3 that living in lower socioeconomic neighbourhoods increased the risks the children living there face and made it increasingly difficult for their parents to protect them from some of the threats. The parents/ primary caregivers mentioned repeatedly that 'good enough' parents would monitor the safety of their children, particularly in Welbedacht East, because theirs was a neighbourhood associated with many risks. Their comments about the need for safety were mostly related to protecting their children from sexual abuse and substance abusers, but also referred to the dangers of road traffic.

Participants	Quotations
Carol (PPC)	<i>"This is very important, but not always possible here... I started setting rules to keep them safe when they were very young... If you train you children from small what you really want from them and tell them, 'No. You don't go where people are drinking', 'smoking is bad'. Things like that."</i>

Angel (PPC)	<i>"I make sure that they mustn't play with people who are a bad influence. The people that like to drink and smoke. And they mustn't be playing with the girls who I know are a bad influence who are always hanging around the big men, trying to get themselves pregnant and all that. I make them play here in the yard or inside. Only where I can see them. They mustn't go further than that."</i>
Vuyi (PPC)	<i>"Well, ooh. Welbedacht has been though a lot... it is kinda bad because you will see the children running up and down the road, going to shops, crossing the road and they don't care. You see your child playing in the road with other children. You don't just call your child back without calling the others too. You must call all of them and make them play in the yard."</i>
Kuhle (PPC)	<i>"Because I am afraid, they get snatched right here in front of you, I decided to get a DSTV. So they can watch cartoons. As you have seen them when you arrived today... that is what they always do. They can do anything they want to do as long as they are sitting in front of me. When I feel like I want then to get fresh air, I take my chair outside and I watch them play. If I want to go into the house to work, I take them in as well."</i>
Ethel (PPC)	<i>"It's terrible what can happen to children. Strangers coming in and bribing children with sweets, children playing on the road where there are a lot of vehicles, the electrical things here. Sharp objects that lie around here. Fires and the danger of making fires. They must be careful of whoever is at the door. I warn them about these things. They need to be careful of kitchen things as they can burn themselves."</i>

Parents generally felt that there were many challenges with regards to keeping their children safe, which made them feel that this was a difficult element of 'good enough' parenting to attain because of the seriousness of neighbourhood threats. They were concerned that the children were exposed to poor role models.

Carol (PPC) spoke of her son imitating an unhealthy social behaviour, namely smoking: *"Because my son used to see some people smoking, then he would sit and take something and do like that (mimes a smoking action). Because he just sees it and thinks it is ok to smoke and so I started to tell him that it is very bad to smoke."* She intentionally spoke to her child about what was considered right and wrong in their family (Johnson et al 2014:103) and then changed the topic to her observation that many children in the neighbourhood were not properly supervised (Johnson et al 2014:96): *"Sometimes you go out at night, maybe around six, and children are still playing on the road. This is very dangerous. The children are small."*

Kuhle (PPC) related the story of a neighbour's child who was sexually abused, illustrating how difficult it was to protect their children: *"You know the one child that stays down there was taken whilst playing in the yard! He said to the child, 'Come I will buy you some toys. Do you want some toys? Come and fetch the toys. I have toys.' The child went with this guy and ended up being raped on the other side."*

Other neighbourhood dangers were noted too. Ethel (PPC) mentioned the danger of illegal electrical connections in their neighbourhood: *“People in this community use these illegal electrical wires.”* As noted by Johnson et al (2014:119), parents who are ‘good enough’ are those who are astute enough to recognise hazards and dangers in places where the child spends time.

According to Hle (PPC), there was a combination of dangerous factors, such as shebeens³, drug dealing, and sexual predators in the community: *“I would also add that your child is not safe here. Now there are many shebeens here. You are scared that when you send your child to the shops, they might just end up being raped... Yes, I am very scared of that. Also, I am able to ask Alwande (pseudonym) to go somewhere for me. I don’t like that she goes to other people’s houses, more especially those houses where there are men. I don’t like that. You find that she will be asked by someone to go to that particular house to get them something, and you find that they sell stuff in that house (referring to drugs). I don’t like my child to just go anywhere. That is what I always say, because the donation papers from school, I always say, ‘You don’t know which house is right or which one is wrong, and the person would let the child in knowing that they want to rape the child’. All of these things are painful, and they don’t sit well with me as a parent... Truly, what happens here at Welbedacht! A person calls the child, calls the child to ask them to go somewhere for them, but they not truly going to send them anywhere, they are calling the child for something else... this has happened a few times... So we as parents who have girl children, that does not sit very well with us. It always pains you and worries you if you can’t always keep your child in sight... There are many parents living here that don’t bother themselves about the child’s surroundings.”*

Road safety was mentioned by two parents/ primary caregivers as a responsibility of a ‘good enough’ parent. Faith (PPC) in her discussion of those parents who protected their children from dangerous situations said: *“Or like the crèche... like they walk in the road with the children... the children are always with the parents.”* Her statement was consistent with the quotes from other parents/ primary caregivers who had emphasised the importance of monitoring children constantly.

³ A shebeen is an informal licensed drinking place (bar) in a township (Oxford Living Dictionaries [sa], sv “Shebeen”).

Vuyi (PPC) mentioned that 'good enough' parents would prepare their children with safety skills to protect them from danger (CFCW, in Lippman et al 2009:20) and used road safety as an example: *"The children need to know things that they shouldn't do, such as 'Don't cross the road it is dangerous'."*

Vuyi (PPC) then highlighted the lack of neighbourliness that was evident in the community of Welbedacht East, noting that this further compromised the protection of their children (Bronfenbrenner 2005a:10-11; Sharp 2012): *"What parents are doing is they just call their own children and leave the other children playing in a dangerous spot!"*

It was evident that participants were concerned and involved in trying to keep their children safe. They prioritised protecting their children from the most prevalent dangers in their neighbourhood, such as substance and sexual abuse, and from road accidents. It was less evident that they paid attention to other risks, apart from Ethel (PPC) who took heed of the illegal electrical connections. The indicators as listed by the Parent Competency Model are more extensive and include protecting children from injuries, human and animal assaults, dangerous substances, weapons, and abuse (Johnson et al 2014:119). The parents/ primary caregivers were conscious of the risks of human assault and abuse, but less conscious of the need to be vigilant about preventing injury within the home or protecting their children from disease-infected stray animals, which are prevalent in the community. The lack of social network support from the community for protecting neighbourhood children was identified as an aggravating factor in Welbedacht East that reflected the lack of "spaces", which had been identified as valuable for resources for families in Section 2.4.1.4.

Financial planning for the child's welfare and development was proposed as another indicator of 'good enough' parenting.

- **Plans for the child's future**

Finances are required for parents to satisfy each of the domains of child well-being: 1) to nurture the health of children, adequate nutrition, medical care, a safe living environment, proper hygiene, and safety are required; 2) to ensure cognitive development and stimulate their educational development, children need to be enrolled in school and be exposed to rich, stimulating environments; 3) to ensure the healthy psychological and emotional development of children, they need parents to provide them with stability in their lives; and 4) in order to provide for the social development of children, parents need to develop their interests in the wider community and foster their

social skills through engaging them in extramural activities (CFCW, in Lippman et al 2009:20). It is further emphasised that ‘good enough’ parenting requires parental ability to meet the basic and long-term needs of the child (Eve et al 2014:122). Insights from psychology identify the value of families demonstrating economic stability, self-insuring and building a financial cushion to protect themselves from unexpected setbacks (Gennetian, Castells & Morris 2010). Whilst several parents/ primary caregivers considered the parent’s ability to make provision for the child’s financial future as a positive indicator of ‘good enough’ parenting, they emphasised that in their current circumstances this was difficult for them to achieve. Two parents/ primary caregivers indicated that they were making financial plans on behalf of their children, and one spoke of her knowledge of others in Welbedacht East who were doing this.

Participants	Quotations
Vuyi (PPC)	<i>“This, I see it happening, but not that much.”</i>
Dudu (PPC)	<i>“I am not working, so no for now. But I will make sure that he goes to school, because he has his grant. Whatever I have with his grant and whatever I get I will make sure that he is well taken care of and he goes to school. I will make sure that he finishes his matric. By the time he finishes his matric I will be employed, because next year I am going to go to college and then study further so that I will make sure that his future is secured.”</i>
Josie (PPC)	<i>I would say that I have his educational future worked out. And therefore, I will put it in the do list... He is going to primary school. He is going to finish at Tyburne and then I don’t want him to go to Welbedene or the other high school that is nearby. ‘Cos the two high schools are not on the good list of Chatsworth schools. As for the money that is going to pay for his studies, his father’s mum passed away. When she passed on she left money for him for my son’s dad. But he wants to leave that money for my son.”</i>

Putting this element of ‘good enough’ parenting into practice was challenging for the majority of the parents/ primary caregivers. Most were struggling just to survive.

As explained by Muhle (PPC), saving was not possible for her: *“Yeah... because you cannot go to bed hungry, while there is money being saved.”* Rekha’s (PPC) perspective was similar: *“I never did it yet... but I would like to... Honestly speaking, the only thing that makes it hard is financial wise.”*

Offering a descriptive explanation, Carol (PPC) shared: *“No. I think for most, it is hard. You can see people are struggling. As we are today, we are struggling. How can we plan for the future? Sometimes it is from hand to mouth. You buy one loaf of bread, only a small packet of mielie meal (maize meal), just for now.”*

For a young mother like Sphindi (PPC), providing for her child's future was difficult, as she had not yet managed to plan for her own life: *"I have never planned for my child's future as I am still sorting out mine."*

Whilst Vuyi (PPC) explained that as a young mother it seemed premature to do this, her narrative implied that it was hard it for children growing up in a neighbourhood where they were expected to take care of their own futures, because many of their parents lacked education themselves: *"For me, well it is too early for me to start thinking about that because I am not done with my schooling yet. But... from the way I see things in Welbedacht... What can I say? The child has to learn to do this themselves, because some of the adults have never finished their schooling. I don't think they will have a future for their children. Okay fine, they can, but for now it's kinda rough and tumble... I don't think so. I think things just happen when the child is bigger, and the child has to make these things happen."*

For some, just coping with the child's current school fees was a challenge. Ethel (PPC) provided a detailed account of her financial struggle: *"At this point in time I don't have a plan, because finance will be a problem. At the moment I am not even paying school fees... I have just been told now that when we go to pick up the children's reports we must have R600 so that will be allowed to reregister. We only collect R360 for one child (referring to the CSG), so how are we going to make it for that R600 deposit for them? We got a letter from them telling us that."*

She went on to explain that even though parents receiving the CSG could be exempted from paying school fees, the other costs associated with a child attending school still had to be met and the grant certainly did not cover these: *"I did go one time to the social worker in Unit 5 and I was trying to explain to her and she said to me that the grant is for the children's education and so you must use the grant for that. It would be fine if there are both parents. But what about the single parent? What about the children's food? What about their clothes? Now that they want them to use a school uniform, not just a uniform that we can buy like a white shirt and grey pants, but a school uniform that we have to purchase from the school. How do we afford that?"*

Relaying the story of her struggle to meet the current school fees to make sure that her child's report would be released by the school, Hle (PPC) had this to say: *"There is a time, when you need help. Like now with my child at school. I needed help to be able to*

pay school fees, and I had to pay even though there was no money. I could not afford to continue paying. I tell you, you end up not receiving your child's report if you don't finish paying school fees. Now I wish that at the end of the day I am able to get that kind of help to be able to pay the school fees. I ended up not getting that help."

Parents acknowledged their struggles to meet their children's basic expenses, such as school fees. They were unable to provide them with basic utilities and had no one that they could seek assistance from which, according to the parental competency model, placed them at risk of 'bad' or 'risky' parenting (Johnson et al 2014:118). The inordinate pressure of disadvantaged parents who must struggle to survive is acknowledged by Choate and Engstrom (2014:372), who note that this vulnerable group are often judged as 'not good enough', when in reality they are victims of systemic and ecological disadvantage. As financially disadvantaged parents, who are themselves uneducated, planning for a child's future is an unattainable dream which, as pointed out by Eve et al (2014:119), meant denying the child's right to reach his/her potential. This highlights the importance of parents being able to access markets, as motivated in Section 2.4.1.1.

The penultimate category listed as a 'good enough' parenting practice related to the physical development and well-being of the child was creating some routine in the child's life.

- **Establishes a daily routine in the child's life**

Routine is not specifically mentioned in the indicators of child well-being (CFCW, in Lippman et al 2009:20), but the framework does refer to the importance of children being helped to develop healthy patterns, such as eating, exercise and sleep. Establishing routine was listed as one of the scholarly constructs of 'good enough' parenting in Table 3.2, Chapter Three. Some of the authors noted, in particular, were Kellett and Apps (2009:27) and Woodcock (2003:95).

However, a set routine was not typical amongst Welbedacht East families and only one parent/ primary caregiver shared that she had established a routine in her home. According to Dudu's (PPC) frame of reference, establishing a daily routine was an indicator of 'good enough' parenting: *"There must be an eating time, a sleeping time, a praying time, a bathing time and a playing time. I always try to do that most days."*

Other participants focused on the factors that impeded their ability to create a daily structure for their children. Josie (PPC) admitted she did not always maintain a daily routine, because she found it difficult to assert herself with her son. She could not get

him to cooperate and found that she easily gave in to his demands: *"I don't do this so much... I think I am in the middle with this (suggesting that she would rate herself as average). It's because my son is... how can I say... he can get me pretty frustrated sometimes."*

Others mentioned that establishing a routine was difficult to achieve, because this was not commonly practiced by other families living in the neighbourhood. The parents/ primary caregivers explained how the routines that they had tried to create were disrupted by other neighbourhood children.

For example, Vuyi (PPC) shared how children in the neighbourhood refused to obey their parent's/ primary caregivers' instructions: *"...the lights are already on from the streets and the child is not back. Some parents just stand at the house and scream for the children. They don't have rules about when the children must come back... I was going to the shop that is opposite our side, to buy power, and it was kinda dark, but I still heard noises of children playing... boys... They was playing soccer in the road and I was thinking 'it is kinda dark now and the street lights are already on showing that playtime has already runned out'. And when I was walking past this group of boys playing in the street... and they was still young. And one of the mothers called 'Come back, it is late' and the child just backchats 'No. I am not coming now. It is still early. The lights just came on'... The children do what they like when they like."*

Rekha (PPC) shared the following: *"Most parents don't have any routine. Like sometimes I have to chase child out of my house at eight o'clock, half past eight!"*

As mentioned by Woodcock (2003:95), social workers expect parents to create routine in the lives of children and be capable of implementing this structure, because routine is associated with consistent parental care, as linked to child well-being. Participants suggested that enforcing a routine was difficult. The distractions of the broader community provided some explanation as to why parents did not implement this parenting indicator, and the other reason given was by a parent who admitted that she was not able to enforce structure when her child resisted.

Finally, some parents/ primary caregivers proposed that 'good enough' parents were those who were knowledgeable about children's rights.

- **Parental understanding of children's rights**

The importance of the fundamental rights of children was emphasised in the introduction of Chapter Three, drawing on the works of Ben-Arieh (2007) and Gheaus (2015). Authors Sithole and Shai (2016:119) emphasise that women and children's rights should not be targeted as global and national issues only, but rather at micro-, meso- and exo-system levels. They note that when parents are better informed about the rights of their children, they are more likely to monitor their role as parents and become greater advocates on behalf of their children in their communities. The CFCW does not link this indicator of child well-being to the physical health and safety of children, and it is also not mentioned in descriptions of 'good enough' parenting. It was suggested by one parent/ primary caregiver that knowledge of children's rights would uplift the basic care of children in the community. Whilst some parents/ primary caregivers had been exposed to this information, others expressed an interest in becoming more familiar with the rights of children.

For example, Carol (PPC) said: *"At the clinic, sometimes, when I first had my baby they used to tell us about this (children's rights). Some they do know about it. Some they don't know, because they don't seem to know that the child has the right to go to school... Some they don't even have food. Why that is, we don't know, because some of the parents are collecting grants. But the children are always going and begging. Their parents have a responsibility to sponsor their children at school. They have to go out and if it means that you have to go out to find work it means that you are going to have to. You have to make sure that you have the money to feed your child and send him to school. You know like part-time, piecework, and maybe you can bring one kilogram of sugar. But instead, they make the children go and beg. They tell the children to go and ask 'Aunty can we have a small piece of bread?' Like that, you see, which is not right. The parents should do that (beg) and not the children."*

Whilst Carol (PPC) had indicated that she had been exposed to some education about children's rights, others admitted that they had inadequate information and recognised that they needed to acquire this knowledge. For example, Faith (PPC) was honest and admitted: *"No I don't know those things."*

Dudu (PPC) had some information, but still considered this inadequate in terms of satisfying this indicator: *"I do know some, but not all of them... I need to learn more about this."*

At first Vuyi (PPC) spoke of some community members' lack of interest in learning about children's rights and then spoke of her own limited knowledge but expressed her willingness to learn more: *"No. They just don't care. They just don't care about Children's Rights. Well I also don't know that much about children's rights. But as time goes on I will found out more about them."*

Parental knowledge of children's rights is reported to contribute to uplifting the well-being of children in two ways. Firstly, it informs parents about the role they need to play in satisfying the needs of their children, making them more responsible, especially when governmental support is available (Reynaert, Bouverne-de-Bie & Vandeveld 2009:524). Secondly, it raises the civic mindedness of parents, as proposed by Opatow, Gerson and Woodside (2005:308), encouraging them to advocate for the protection of children and make sure that violators of children's rights are held accountable for their actions. This is particularly relevant for South Africa, where structural issues such as poverty, patriarchy, gender violence and socialised submission, particularly from women and children, are entrenched and create the conditions in which abuse occurs (Sithole & Shai 2016:115-116).

This concludes the parents'/ primary caregivers' perspectives about the value of parental knowledge of children's rights and the extent to which parents in Welbedacht East had access to that knowledge. This concludes Part 1.1 of the findings that identified the parents'/ primary caregivers' perceptions of the indicators of 'good enough' parenting related to fulfilling the physical health, development and safety of their children.

Parents are important instruments for securing the basic needs of children and therefore this sub-theme is acknowledged in scholarly works as an integral part of 'good enough' parenting (Choate & Engstrom 2014:371; Hoghughi & Speight 1998:294; North 2013:25; Woodcock 2003:92). However, they referred to broad categories of parenting responsibilities, rather than definitive ones. Mention was made that 'good enough' parents had to be responsible for the child's physical developmental needs (Hoghughi & Speight 1998:294; Kellett & Apps 2009:27; Woodcock 2003:92); creating routine in the child's life (Woodcock 2003:92); offer physical care (Woodcock 2003:92), which Kellett and Apps (2009:27) expand on to include addressing the child's health needs; and keeping the child safe (North 2013:25), which Choate and Engstrom (2014:371) explain as mitigating against community based threats and creating a home free of interpersonal violence.

Authors such as Johnson et al (2014:118-119) provide a more composite list which includes: providing suitable clothing appropriate for the climate; satisfying the basic financial obligations to support the child; meeting the child's nutritional needs; maintaining the child's hygiene; seeking appropriate medical care for the child; securing the environment where the child is situated to protect the child from harm; providing safe, secure, weather resistant living space; and creating a conducive environment for the child to have a regular sleep routine. Many of the parents'/ primary caregivers' perspectives were consistent with these, but their ability to operationalise them was thwarted by their lack of financial resources and the poor social cohesion within the community. In the absence of taken-for-granted parenting necessities, parents struggled to achieve the socially acceptable level of 'good enough' parenting (Dermott & Pomati 2016:130). The responses of the parents/ primary caregivers pointed to a much greater need for additional support to enable them to perform their parenting roles adequately.

The parents were satisfied that their children had a place to live, even though some lacked basic services, such as electricity and running water. The absence of these compromised their level of hygiene. Nutritional standards were undermined by both a lack of income and inadequate knowledge of the caloric intake required for child development. Attending to the medical needs of their children was negatively affected by inadequate health services, the inaccessibility of those services, and having to deal with disinterested healthcare providers. The threats to the safety of the children were considered to be external, largely linked to the social disorganisation evident in the community. There were additional external threats, such as illegal electrical connections and lack of traffic calming measures in the neighbourhood. Addressing these was challenging for parents to manage alone. Being able to set goals and make financial plans for the future of their children was considered as inappropriate, given their struggle to satisfy the daily demands of surviving on the incomes at their disposal. Some believed that 'good enough' parents needed to be knowledgeable about children's rights.

The second domain of parenting discussed was the psychological and emotional development of their children, as will be reflected in sub-theme 2.


5.2.2 Sub-theme 2: Psychological and Emotional Development

Striving to promote the happiness and subjective well-being of the child, increasing his/her life satisfaction, and being concerned with creating a psychological context that enables the child to flourish are all considered important to the overall psychological and emotional well-being of the child (CFCW, in Lippman et al 2009:20). The responsibility and importance of a parent developing a warm, emotional relationship with the child was explained in both Winnicott's (1960;1967) and Bronfenbrenner's (2005:3-15) theories. More recent assessments of 'good

enough' parenting frameworks continue to consider the emotional responsiveness of the parent as a primary indicator of 'good enough' parenting (Choate & Engstrom 2014:375; Cleaver & Walker 2004:82; Crawford 2011:25; Johnson et al 2014:117; Kellett & Apps 2009:27). Parents are expected to make their children feel understood and nurtured and allow them to experience a home environment where they are free to play and engage in healthy relationships with others (Johnson et al 2014:117). These were presented in the consolidated Table 3.3 in Chapter Three. In addition, the importance of services, crisis services, and spaces to support parents in their ability to support their children's psychological and emotional well-being were discussed in Section 2.4.1.2, 2.4.1.3 and 2.4.1.4. Furthermore, the contextual variables that impact on parenting were detailed in Section 2.6, noting the micro-, meso-, exo- and macro-system influences on parental practices that could compromise the ability of parents to be responsive to the psychological and emotional needs of their children.

The indicators of 'good enough' parenting as were identified by parents/ primary caregivers under this domain included showing the child love and affection; understanding/talking to the child; playing with the child; building the child's self-confidence; understanding the child's personality; creating stability in the child's life; and taking care of the child's spiritual development. The parents'/ primary caregivers' suggestions according to each of these categories as relevant to 'good enough' parenting practices are presented, followed by their discussions of the factors that reduced their capacity or those of other community members to fulfil them.

Table 5.6: Parents'/ primary caregivers' indicators of 'good enough' parenting related to the psychological and emotional development of the child

	Psychological and Emotional Development
	<ul style="list-style-type: none"> • Shows the child love and affection • Shows understanding/ talks to the child • Engages in parent-child play • Builds the child's self-confidence • Understands the child's unique personality • Creates stability in the child's life • Promotes the spiritual development of the child

- **Shows child love and affection**

Nurturance of children by their parents is strongly advocated for the well-being of children. It conveys to the child that he/she is unconditionally loved and should be evident in parental demonstrations of warmth, affection, and verbal reassurances of

acceptance of the child (Bywater & O'Loughlin 2016:77; Choate & Engstrom 2014:375; Eve et al 2014:102; Hoghughi & Speight 1998:294; North 2013:25; Seay et al 2014:204). Much of this was mentioned in Sections 2.3 and 2.6.1, which motivated the importance of the proximal relationship between the parent and child for the child's healthy emotional development. It is further expanded upon in the examination of Bronfenbrenner's bioecological circles of influence and their impact on parenting in Section 2.6. Particular emphasis is paid to this in Section 2.6.1, which examines the micro-system circle of influence. The value of parental love and affection is further highlighted in Section 3.3.1.1, in the discussion of Winnicott's 'good enough' parenting theory, and is expanded throughout the remaining sections of that chapter.

The expression of love and affection was rated highly as an indicator of 'good enough' parenting by parents/ primary caregivers. Many shared how they expressed this in their relationships with their children.

Participants	Quotations
Olga (PPC)	<i>"...the children must always know irrespective of how the situation is at home, that you love them... Even if there is something that they need and they are unable to get it. It does not mean that they are loved less... That they did not get what they want, it does not mean that you love them less. They must always know that you always love them."</i>
Carol (PPC)	<i>"That is important. My friend and our Church taught us this."</i>
Ethel (PPC)	<i>"They definitely get love and affection every day. Not only from me. It's from their grandfather and their aunt and their cousin... I tell them that I love them. I kiss them lots."</i>
Dudu (PPC)	<i>"I do tell him all the time that I love him. I show him love. I try to show him love... I tell him. I spend time with him... I make sure that I show him. If he gets hurt, I comfort him. I kiss it better. If he is angry with someone then I ask him what happened and then he explains to me and I try to solve the problem and then I try to make sure that the problem is solved, and he doesn't stay angry with that person anymore."</i>
Hle (PPC)	<i>No, goodness this is something that I do always, because my children are very important to me... Because a mother is nothing without her children. I would say that I don't have any other hope, besides that of my children's success. Yes, I would always say that, truly. Because I don't have any other hope... The mother follows their child, because her hope is her children."</i>

Muhle (PPC), a single mother, was honest to share that this was not a daily occurrence: *"For me it's always a Sunday. I am always singing that tune on a Sunday. We are all too busy the rest of the time... but on Sunday I make sure that I tell them that they are loved."*

Their experiences of other neighbourhood parents made the parents/ primary caregivers question whether this element of parenting was widely practised in their community. Carol (PPC) explained: *“Some of the parents do this, but there are some who don’t. If those in the community really loved their child, then they would not be inside the house, and when their small child is out on the road. There is no love there!”*

Seemingly, the parents/ primary caregivers identified showing love to the child as central to ‘good enough’ parenting. Amongst their transcriptions were verbal statements of love, demonstrations of affection, acceptance, spending time with the child, and comforting the child when upset or hurt. These are accepted as relevant to the psychological well-being and development of the child, because they produce happiness and a sense of life-satisfaction, and facilitate self-management, personal agency, confidence, and a sense of purpose (Lippman et al 2009:21).

Associated with showing the child love, parents/ primary caregivers further emphasised the importance of demonstrating understanding and talking to the child.

- **Shows understanding/ talks to the child**

Meaningful communication with parents is acknowledged to promote child well-being (CFCW, in Lippman et al 2009:22). As encouraged by the parental competency model (Johnson et al 2014:117), ‘good enough’ parents are meant to understand and show empathy towards the child as he/she relays personal situations and challenges in his/her daily life. This is included in Table 3.3 in Chapter Three. The parents/ primary caregivers recognised that talking to the child and understanding what happens in the child’s life were indicators of ‘good enough’ parenting. It was further mentioned in Section 2.6.1 in discussing the significance of the context of the parent-child relationship for the child’s healthy development.

Participants	Quotations
Carol (PPC)	<i>“You need to know what is happening in the child’s life. You need to make time to talk and listen to them. Find out what happened to them during the day.”</i>
Muhle (PPC)	<i>“If the child is not okay you should be the first person the child trusts and speaks to, ‘mom I am not feeling well today’. The child should not be afraid to talk to you about his/her problems.”</i>
Ethel (PPC)	<i>“So if you think the child is troubled and you really want to get to what the problem is. If you don’t, then maybe it is going to build up in them and it is going to have a hatred for you or whatever if you don’t have concern and do something about it.”</i>

Josie (PPC)	<i>"Oh yeah I do. Like sometimes when he is playing out for long and he comes back into the house and he tells me, 'I am no more going to play with so and so'. Then I have to find out like why. Because most of the children he plays with are a little bigger than him and so I have to find out why he doesn't want to play with them. Is he just being rude, or have they had an argument? Why are they fighting? So, I talk to him and find out what is going on and why he changed his mind about his friends."</i>
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The parents/ primary caregivers recognised the importance of finding out about the child's daily experiences, creating a safe context for the child to express his/her feelings, listening to understand the child's emotions, and being available to assist him/her to resolve his/her problems with others.

However, Faith (PPC) expressed some reservations about becoming involved in the child's external relationships: *"Ja, I think a parent must do this sometimes... 'Cos I know that children are going to play. Sometimes they want to make naughty. Then one child is gonna hit that child because of how they are playing. So, I mustn't... I can't interfere. I can't take my child's side because I was not there."*

It was noted that the influence of local church groups had encouraged parents in the community to become more communicative with their children. According to Carol (PPC), things were improving in terms of children opening up to their parents: *"I think they (parents) talk to their children. I hear that in Welbedacht there are so many churches, so maybe they learned that there. You see, the children that go to church, they are taught to tell their parents things. And so, they tell their parents what they have been taught. So maybe parents talking to their children will get better."*

It was even suggested by Ethel (PPC) that when a parent is concerned about a child who does not open up to them, the parent should identify another trusting adult that the child can speak to: *"Sometimes the child doesn't want to speak to the parent... Like my son had a bit of a problem... so I bring him to Aunty Elsie (pseudonym) to speak to him and ask him what was wrong... If only you could know what happened."*

According to Hle (PPC), communication was something that the parent needed to model for the child: *"Okay, what I do all the times with my children is to bond with them. I chat with them, especially the girl. She is the one that I am with always. I always chat with her about anything. I tell her about things when I am not in a good space. I can speak to her and tell her that I am not in a good space. She is the one I can chat to and tell her about things that are not right."*

Listening to the child empathically, enabling the child to give expression to his/her emotions, and understanding the child's struggles without judgement or criticism are definitive indicators of a 'good enough' parent's ability to promote good communication with the child (Johnson et al 2014:117; London Safeguarding Board 2017). Reference is made to the works of Baumrind (1971), Bettelheim (1987), and Ramaekers and Suissa (2012:85) in Section 3.4.1.1, discussing the art of parental understanding which involves parents recalling their own experiences of childhood to grasp and relive the emotional significance of their children's experiences, to enable them to respond appropriately to the children's anger, pain, or other challenges. The parents/ primary caregivers acknowledged that understanding was relevant to the quality of the parent-child relationship. Helping the child to give emotional expression to their experiences was considered so important that in situations when the child could not open up to the parent, it was suggested that another trusting adult could be approached by the parent to support and listen to the child. The factors reported to facilitate parent-child communication in the community were the efforts of the churches in Welbedacht East to promote communication and parents modelling how to appropriately express their emotions for their children.

Play between parent and child was identified by some parents/ primary caregivers as an indicator of 'good enough' parenting and their views on this category will now be shared.

- **Engages in parent-child play**

As discussed by Landreth (2005:10), play is a universal and absolute right of childhood. It is one of the supporting behaviours of parenting (Johnson et al 2014:95) and 'good enough' parents encourage and often engage in joint play with their children (Johnson et al 2014:117). Play is not specifically mentioned as an indicator of child well-being in the CFCW (Lippman et al 2009:20-23), but can be implied in at least two of the indicators, such as providing children with recreational facilities and spaces (CFCW, in Lippman et al 2009:23) and creating opportunities for children to participate in organised recreational activities (CFCW, in Lippman et al 2009:22). Parental promotion of play was included in Table 3.3. The impact of not having suitable open spaces and recreational facilities for parents to play with their children was referred to in Section 2.6.3, in the explanation of exo-system factors which typically impact on parenting practices.

Some of the parents/ primary caregivers mentioned the importance of playing with their children, and shared the kinds of activities they engaged in.

Participants	Quotations
Angel (PPC)	<i>"Ja, we play mostly at night. I try to have fun. During the day I am busy with these two (refers to the children she is taking care of for payment). We play card games. Or else we make up a game and play. Or we tell jokes to each other."</i>
Dudu (PPC)	<i>"I do play with him. Not all of the time... When we play, we play soccer... if he wants to play cars we play cars with him. If he wants to play simple things, maybe like throwing ball... I play with him sometimes... not all the times... but I do play with him..."</i>
Carol (PPC)	<i>"I notice a lot of people drink and they speak language that is not that good... So I don't like them to be outside, because mostly I want them to be inside with me so that they won't pick up all those words. So we spend our time playing in the house."</i>
Ethel (PPC)	<i>"Most of the time it's the games they play amongst themselves and I chip in with them. It may be hide and seek and I will tell one where the other one is hiding. And then in the room they play cards with me. If there is snake and ladders we play. I was teaching them the games we used to play when before (referring to when she was growing up). We use an old geography map book and look up where the places are. I give them points for that."</i>

Television was considered to be a popular means of entertaining children and keeping them safe. For example, Carol (PPC) mentioned: *"I give them some time to play in my yard. I don't allow them to go like far... Then when I see that they are playing too much, I call them to come and sit. Sometimes they watch Disney Junior... cartoons, so that they can be in the house and avoid those things (referring to antisocial behaviour of neighbours)."*

This was supported by Kuhle (PPC) too: *"Because I am afraid, they get snatched right here in front of you. I decided to get a DSTV, so that they can watch cartoons."*

There were constraining factors that some parents/ primary caregivers mentioned which reduced the extent to which parents/ primary caregivers could facilitate play with their children, and it was noted that not all parents/ primary caregivers played with their children. According to Dudu (PPC), the proximity of the dwellings meant that other children were in close proximity to her children who preferred playing with them, rather than their parents. This is what she shared: *"Mostly he wants to play with children his own age. Like my nephew. Mostly I don't get to play with him. The only time he plays with me is when he knows that they are going to school. Ja, when there is nobody else to play with, and that is why."*

As explained by Vuyi (PPC), some parents entertained the belief that play was the business of children and not adults: *"You hear the child next door calling the parent*

saying 'Mummy come and play with me'... But you usually find the mother goes mad and says 'Hey, I am not your age. Get other people to play with you'. They neglect the child and leave the child alone and that is when the child will get up to mischief, doing things that are wrong because no parent was there with the children to watch over them playing... It is not common."

Muhle (PPC) was one participant who acknowledged that she did not play with her child: *"There is no need for me to lie about this. Mhm I don't play with the child. I just talk to her."*

The financial constraints experienced by parents were given as one reason why parents failed to support their children's right to play. As shared by Kuhle (PPC), watching television with her children became a substitute for playing with them, as she believed that play required toys which she could not afford: *"Where have you seen children that don't even have toys to play with! No ways, it is very difficult, shame. I don't want to lie. So now, when they are complaining, I would tell them... I would sit them down nicely, and tell them, 'you do know that the DSTV is expensive, but Mama has made it possible for you to be able to watch the cartoons every day. You are happy watching the cartoons, right?'. And they would say 'yes, we enjoy them'. And I would say, 'Okay right, let's watch the cartoons then'."*

Olga (PPC) also shared that she used television as a substitute: *"We do not do much together, but it happens that we sit together and watch TV."*

However, television in the home was not always seen to be a positive factor. As explained by Dudu (PPC), overexposing children to television was a complication of living in a one-roomed house: *"Mostly he doesn't want to sleep because we are watching TV. It is a one room house... you have seen the houses... so we will be watching maybe some soapies on TV, and maybe at about eight o'clock half past eight he falls asleep."*

Rekha (PPC) mentioned her concern about children watching television for lengthy periods at a time, without parents censoring what they were watching: *"At times they would stay in the house and watch TV until bedtime... They sometimes watch TV without being monitored and the child would be watching criminal content when you last switched on the cartoons for them. Children get exposed to things that they shouldn't. This can have a bad influence on any child's behaviour, not just two year olds."*

In one instance a parent/ primary caregiver, Josie (PPC), acknowledged that instead of reading to her child she let her child watch Transformers (live-action film series) at bedtime: *“He started with another one recently (referring to a film), the Transformer. It’s like his lullaby. He must watch it before he sleeps.”*

As mentioned by Dermott and Pomati (2016:6), middle-class and working-class parents differ in terms of the value they ascribe to the role of television in the home. Middle-class parents regard television as a physically and intellectually passive leisure activity that is damaging to children. However, there is evidence that when more sophisticated programmes are viewed they do facilitate linguistic ability and cultural knowledge, especially amongst children who do not have many resources. The concern amongst the Welbedacht East parents, however, was that some parents used television indiscriminately to keep their children entertained and safe indoors.

The time and space available for play and the way in which parents engage with children in play is affected by sociocultural, economic and political factors, which varies from one community to the next (Prinsloo & Wilson 2017:368). There was relatively little evidence that parents/ primary caregivers understood the value of play for the social, cognitive, emotional and physical development of children (Bornstein 2015:5; Prinsloo & Wilson 2017:368). Play was mostly regarded as an activity to amuse their children. The community in which a child grows up has a direct impact on the child’s play and play materials (Prinsloo & Wilson 2017:368) and in this instance the area in which they lived was not safe and restricted the free play opportunities of the children. Parents lacked the financial resources to provide their children with stimulating play equipment. Some parents/ primary caregivers, as consistent with the results of Dermott and Pomati’s study (2016:125), shared that they participated in play with their children, despite the limitations. It was evident that they made do with what they had, such as Ethel (PPC) who developed a game using an old map, or Angel (PPC) who made up games, or the others who just joined in the games that their children initiated.

Following this discussion, reference was made to ‘good enough’ parents enhancing the self-confidence of their children.

- **Builds the child’s self-confidence**

Winnicott’s ‘good enough’ parenting theory explains the essence of building the child’s self-esteem and is discussed in Section 3.4.1. In the same vein, Bronfenbrenner’s bioecological theory proposes that the parent-child relationship is the primary engine of

child development, and critical for enabling the child to fulfil his/her genetic potential, as discussed in Section 2.3.3 It can therefore be concluded that the child's positive identity and self-worth are indicators of child well-being. They are responsible for the child's optimism and resilience and are needed to cope with life's challenges (CFCW, in Lippman et al 2009:21). 'Good enough' parents are therefore expected to help the child believe that he/she is a unique being who is worthy of love, and parents/ primary caregivers should therefore offer the child praise rather than criticism (Choate & Engstrom 2014:373; Johnson et al 2014:118). When parents convey this positive regard for the child, the child's overall emotional and psychological well-being, self-management, personal agency, and sense of purpose in life are protected and nurtured (Lippman et al 2009:21). A few parents/ primary caregivers recognised praising the child as an indicator of 'good enough' parenting. Some parents/ primary caregivers offered children such affirmation, and some were uncertain as to whether they achieved this.

Participants	Quotations
Josie (PPC)	<i>"I don't know if I am that kind of person who... who... like shines that effect on him, but he thinks that he can do anything, and he feels important."</i>
Faith (PPC)	<i>"It is important for your child to feel as though you think that they can do things and make you proud... I think one must always do that."</i>
Dudu (PPC)	<i>"This one is going to be half-way, because I do tell him that he looks good and I try to make him feel good about himself. But most of the things I don't praise him for. I just feel that maybe he is too young to know. But I do think that he needs to feel good about who he is. And he needs to just know himself that and try to understand that no one must try to change who he is. That is basically it. I haven't been doing this properly though... I said half-way because he is too young."</i>

Building the child's self-confidence was not common practice according to Vuyi (PPC), because some parents/ primary caregivers considered it inappropriate to raise the child's expectations. Welbedacht East offered limited institutional resources, which made parenting more difficult, and challenged parents/ primary caregivers to access opportunities needed to enrich and extend their children to fulfil their genetic potential (Visser, Bolt & van Kempen 2015:113). Vuyi (PPC) shared her neighbour's response to her child: *"...when I was outside this morning putting up some clothes... there is this child that I think is about three years old... and he just stands and says, 'Why you never go to school?' And I explain 'well I don't need to go to school for now'... and then he tells me he is going to school today, and he tells me what he wants to become... and then his mother is inside the house hearing our conversation and his mother says 'Oh. Forget about it. You will never be that. You are so naughty'. Things like that and just makes the child feel very, very sad. And the child actually started crying. I didn't know*

what to do and I just kept quiet and I looked at the child... It doesn't really happen. Parents here don't think it is important."

However, it was also noted that others considered the child an opportunity to try to make up for their own personal losses (Choate & Engstrom 2014:373; Van Zyl, Van der Merwe & Chigeza 2015:163). An excerpt from Hle's (PPC) interview provides an example: *"No, goodness this is something that I do always, because my children are very important to me... Because a mother is nothing without her children. I would say that I don't have any other hope, besides that of my children's success. Yes, I would always say that, truly. Because I don't have any other hope... The mother follows their child, because her hope is in her children."*

It is noted by Gillies (2005b:842) that individualism is an attitude held by the middle classes who consider themselves worthier than the economically disadvantaged and she explains why they place value on promoting their children as unique and different from others. In Gillies' study (2005b:845), lower class parents had more basic aspirations, such as for their children to achieve a basic education, stay out of trouble, and survive the harsh realities of their daily existence. Similarly, building the child's self-confidence was not a well-supported indicator of 'good enough' parenting amongst this sample. Vuyi's (PPC) narrative could have reflected this attitude, but not enough information was gathered to confirm this. However, Hle's (PPC) perspective presented the opposite; the hope that her child would succeed as this would give her life meaning (Van Zyl et al 2015:163).

The next indicator mentioned was the need for 'good enough' parents to be attentive to the uniqueness of each of their children and to treat them accordingly. Their opinions are discussed below.

- **Understands the child's unique personality**

Parental acceptance of the child was discussed in Section 3.4.1, when the concept of 'good enough' parenting was explored. One of the propositions on which Winnicott's 'good enough' theory is based is that a child is born with genetic potential that only comes to the fore when the mother creates a nurturing relationship for the child. The nurturing parent-child relationship encourages the child to come into his/her own (Winnicott 1960:590). However, Ramaekers and Suissa (2012:84) note that when a child adapts himself/herself to satisfy the demands of those who surround him/her, or constantly regulates his/her responses to please others, the exact opposite occurs. The

premise therefore is that 'good enough' parents are those who accept the child's individuality and treat them accordingly. It encompasses the idea that parents should not compare the children in the family, because this leads to favouritism (Johnson et al 2014:118).

Several of the parents/ primary caregivers' perspectives referred to 'good enough' parents recognising the individual personalities of their children as important for their well-being. They noted that they had to adapt their parenting responses to each child accordingly.

Carol (PPC) was the first parent/ primary caregiver to mention the differences between her children and how comparing them was harmful: *"I was also having a problem here with my children. This one is a fast learner and when you tell him something today then for the rest of his life he will do that. Then the big one, she is slow. So, this one knows that when we eat and we finish this one comes and picks up the dishes and takes them to the washing up bowl. My big one she is the last person to finish to eat, and so I used to say to her 'Look at your brother... why can't you do the same?' Then I realised this, and I am trying to stop myself from doing that now."*

When Ethel (PPC) realised that her children were different, she accepted that she had to regulate her responses. She shared: *"...the big one now, because of the problems that we used to have when he was little with the father, he used to be like distracted. So, I used to go to school and explain about the situation that I was in. So now he is old enough, he understands. Sometimes when I do hit him, I feel bad because, you know why? They don't have their father with them. The second son, he is ok... he is more like with his grandfather and when his grandfather gives him money he is happy, but he shares it with his brothers. This one here (points to the youngest), whatever you give him he will tell you he is keeping it for his two brothers as well... They are different and sometimes you speak to one like this and you have to speak to the other like that."*

Those parents/ primary caregivers who mentioned the importance of parents acknowledging the uniqueness of their children reflected Johnson et al's (2014:118) view that it was damaging to belittle a child's individual traits.

Some parents/ primary caregivers diverted their attention to explaining the importance of 'good enough' parents providing stability to their children's lives.

- **Creates stability in the child's life**

Consistent satisfaction of the child's need for care, fulfilment of his/her basic needs, and the provision of a stable emotional climate in the home were noted as indicators of child well-being and 'good enough' parenting in Table 3.3. The CFCW (Lippman et al 2009:22) advocates that all children need a stable family life that offers parental involvement, the steady involvement of parents in the community, constant resources, and a safe and positive neighbourhood in which to live. As noted by Johnson et al (2014:120), these imply that the child receives consistent care that represents stability in the child's life. There was overwhelming support for this indicator of 'good enough' parenting, as evident in the quotations taken from the interviews.

Participants	Quotations
Carol (PPC)	<i>"The child must feel safe. They must know that their parent is there for them and will always be there..."</i>
Rekha (PPC)	<i>"This is definitely for the 'Do List!'"</i> <i>"They know that this is their house. Nothing will change their world. My mother has three foster children, but my children know that I am their mother, this is their house, they are not going to be moved around."</i>
Dudu (PPC)	<i>"We have never spoken about that. But yet he knows that this is his home and we are there to take care of him. When he is at home, he even says that this is his home. I don't want him to get away from me. If I get married, that person who marries me must know that he will marry me with my son. I don't want him to live with anyone else. I wouldn't be able to see if he is well cared for, well-fed...I want to take care of him myself. But I wouldn't really know because I am still young."</i>

Even though some parents/ primary caregivers offered these confirming remarks about the need to create stability in the child's life, they reflected concern about the lack of stability they observed in many of the homes in Welbedacht East.

One example was given by Carol (PPC). She referred to the disorganisation that ultimately results in child neglect: *"But not everyone is like this... You can just see where we walk around. The people they just don't seem to show that feeling for their children. Some children, they don't have that. The parents have problems and so don't make a safe place for their children. Maybe because it's how their mother took care of them, maybe because of how they got pregnant... but they don't seem to show care for their children. So those children never feel as though they have a real home."*

Hle (PPC) observed the following: *"There are children that just stand there on the street, that you are not even sure whether they have homes or not."* Her observation is

mentioned by Manomano and Tanga (2018:33), who refer to the quality and nature of housing causing the uncontrolled roaming of children in the streets who do not find comfort in their homes (Manomano & Tanga 2018:33; Strydom & Tlhojane 2008:40).

Stability stems from continuity of parent-child attachments, consistent emotional warmth, consistent boundaries, continued contact with significant others, and predictable living conditions (Bywater & O'Loughlin 2016:78; Crawford 2011:25; Smith 2011:159). These combine to create a conducive atmosphere for the child to grow up in where he/she feels free to play, make choices, and experience positive interactions with others. The parents/ primary caregivers emphasised the importance of the continuity of attachments and a fixed dwelling place, but did not emphasise consistent boundary setting, nor the need for ongoing support from significant others as mentioned in literature. A possible explanation was that social exclusion was a common phenomenon in Welbedacht East and families were separated from their significant others because of their location, as well as the fact that many reported that the fathers of their children were absent. Boundary setting will be addressed under the section on the social development and behaviour domain (Section 5.2.4). As mentioned by Atilola (2014:3), poverty creates an interconnected spiral of issues that threaten the stability of the family unit which should be considered.

The last element of 'good enough' parenting as related to the parents'/ primary caregivers' perceptions of the domain of psychological and emotional development was the expectation that 'good enough' parents would advance the child's spiritual development.

- **Promotes the spiritual development of the child**

The CFCW (Lippman et al 2009:21) identifies the spiritual development of children as related to their well-being, because it creates a sense of purpose in their lives. The children's beliefs connect them to a larger picture and spirituality generates a sense of wholeness in their lives. The spiritual development of the child is included as an indicator of child well-being and 'good enough' parenting in Table 3.3. 'Good enough' parenting authors acknowledge that religious beliefs and practices have a profound influence on family life (Horwath & Lees 2010:94). Taking care of the child's spiritual needs is consistent with 'good enough' parenting (Hoghughli & Speight 1998:294). Others, such as Johnson et al (2014:93), make no mention of parental responsibility for developing the child's spirituality. They do however mention the benefits that children accrue when they join school, or social or religious groups, because these encourage positive social

behaviour to replace the negative social influences they may have been exposed to (Johnson et al 2014:120).

The parents/ primary caregivers explained why they included development of the child's spirituality as an element of 'good enough' parenting, relevant to the psychological and emotional development of children.

Participants	Quotations
Carol (PPC)	<i>"I teach my children to go to church and that is the most thing that I like. I want them to know God. They must know that God is always there for them."</i>
Olga (PPC)	<i>"I am a person that has faith, in Christ. I am a Christian. I have been saved. Most parents here do not go to church. Maybe it is their way of doing things, I don't know. But I believe in going to church and believing in the Lord Jesus Christ, and when you are a parent, the child learns from you... When you are not a church-going person, your child would not just decide out of his own to go to church. It would be God's miracle if it would happen like that."</i>
Vuyi (PPC)	<i>"I am just gonna talk about those that live around us, here. I see this happening a lot. They pray with their children. Every morning I hear them. I hear them again at bedtime. They pray, teaching them their own prayer for them to remember."</i>
Josie (PPC)	<i>I take him to church, and sometimes in between the week, if there is another service, we are there. And he (referring to her 5-year-old son) is reminding me that we have to pray, so we do."</i>

It was evident that developing the child's spirituality was positively associated with 'good enough' parenting by parent/ primary caregiver participants. Their remarks suggested that religion instilled a sense of hope in the child and ensured that he/she would always experience the presence of God as an attending force who would oversee his/her immediate needs. This therefore required parents to model good, religious practices in the home which would then help to cultivate optimism and hope, as reported in a South African study on risk and protective factors in multi-problem families conducted by Hope and Van der Merwe (2013:322).

The summary of the salient parents'/ primary caregivers' recommendations of the elements of 'good enough' parenting indicators are summarised to conclude the discussion on this domain of 'good enough' parenting. The four prized indicators mentioned by the parents/ primary caregivers were: demonstrating love and affection, facilitating positive communication, creating stability in the child's life, and promoting the child's spirituality. Those that were acknowledged, albeit not as strongly, were: playing with the child, building the child's self-confidence, and recognising the uniqueness of each child and treating them accordingly. In

terms of demonstrating love and affection, their responses were consistent with scholarly works, including verbal affirmations, demonstrations of affection, and prizing their children. As noted by Botha-Verhage and Jacobs (2017:216), positive reciprocal parent-child relationships were highly prized, but were compromised by the realities of living in a context where there were limited resources and socio-emotional support. It was noted that there was an absence of these indicators in Welbedacht East, and child neglect was reported as being prevalent in Welbedacht East. The emphasis on the importance of communication, as presented by the parents/ primary caregivers, focussed on listening and finding out what was worrying the child. They did not mention empathic responding, but there was evidence of reflection on content in the way parents/ primary caregivers tried to understand what was bothering their children and comfort them, without naming the child's feelings involved, so it could not be concluded whether empathy was contextually or culturally relevant. Whilst the parents/ primary caregivers mentioned the importance of open communication between parents and children, it did not appear to be common amongst parents and their children in Welbedacht East. They suggested that the influence of religious bodies was bringing about change in the parent-child communication patterns and parents were starting to encourage their children to open up to them. Spirituality was relevant in creating hope and optimism within children living in Welbedacht East and parents were expected by the participants in the parent/ primary caregiver group to model healthy religious practices in their homes. Play, as described by parents/ primary caregivers, related more to amusing their children and less to becoming a means of promoting the parent-child relationship, or encouraging self-directed expression and creativity. The contextual realities pointed to the parents finding it challenging to create safe, creative opportunities for their children to engage in healthy play. No mention was made of whether the guarded promotion of the children's self-confidence and individualising parenting practices for each child was linked to contextual or cultural factors.

The next sub-theme that is to be discussed is the parents'/ primary caregivers' perspectives of their role in terms of the cognitive development and education of their children.

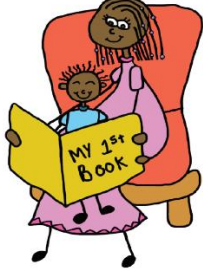
5.2.3 Sub-theme 3: Cognitive Development and Education

As presented in Table 3.3, educational attainment and achievement are prized indicators of child well-being and amongst the responsibilities of 'good enough' parents. The CFCW (Lippman et al 2009:20) identifies positive indicators of child well-being that are associated with the healthy cognitive development and education of children: enrolment and completion of foundation phase education; acquisition of knowledge in maths, language, science, reading, and writing; a positive self-concept of their academic performance and ability; critical thinking; knowledge of essential life skills; a positive attitude towards learning; engagement in school;

creativity; civic knowledge; and an ability to use interactive technology. Accordingly, scholars who address ‘good enough’ parenting integrate many of these indices in their assessment criteria of ‘good enough’ parenting (Al-Hassan 2009:27; Bywater & O’Loughlin 2016:77; Hoghugh & Speight 1998:294; Johnson et al 2014:103). They speak of parental responsibility for understanding and satisfying the cognitive development of children. The cognitive development of children is a complex process that is advanced when an effort is made to ensure that the child reaches a certain level of education, develops a positive academic self-concept, is encouraged to think critically, helped to develop a positive attitude toward learning, engages in school activities, gives expression to creativity, and acquires technical knowledge (Johnson et al 2014:20). However, in Section 2.4.1.2, it was noted that the cognitive development and education of children is dependent upon parents being able to access the services that their children need, such as early childhood education, open places to play, and recreational facilities to stimulate learning.

The parents/ primary caregivers identified six categories of ‘good enough’ parenting indicators, not all of which they were able to fulfil as parents. These included: understanding and treating a child according to the child’s developmental stage; making sure that the child attended school; becoming involved in the child’s school activities; stimulating the child’s intellectual development; setting age-appropriate chores; and taking the child to interesting places. Each category will be presented using excerpts from their transcriptions. Social exclusion is evident when parents are unable to access public services, such as education, and/or private services, such as transport. This was presented in Table 2.2 and was noted to compromise the parents’/ primary caregivers’ capacity to promote this domain of child well-being.

Table 5.7: Parents’/primary caregivers’ indicators of ‘good enough’ parenting related to the cognitive development and education of the child

	Cognitive Development and Education
	<ul style="list-style-type: none"> • Understands the child’s developmental stage • Ensures school attendance • Forms a home—school partnership • Stimulates the child’s intellectual development • Takes the child to interesting places

- **Understands the child’s developmental stage**

Three of the authors on ‘good enough’ parenting presented in Table 3.2, Chapter Three, refer to parental understanding of the child’s physical, emotional, social and intellectual developmental needs (Hoghugh & Speight 1998; Woodcock 2003; Kellett & Apps

2009). ‘Good enough’ parents are expected to have a basic knowledge of the developmental milestones of children (Johnson et al 2014:112). Parents/ primary caregivers mostly indicated the importance of understanding their child’s developmental stage and were confident that they treated their children appropriately, according to their cognitive, physical, and emotional development. Two parents/ primary caregivers acknowledged that they learned about the importance of this from others.

Participants	Quotations
Carol (PPC)	<i>“I am a hairdresser for people’s living here. I just went to do someone’s hair... So when I was there it was holiday time. So she has got a big daughter, the same age as my big daughter. And the small one is three. So while I am doing her hair we are talking and the way she was talking to her daughter like she is treating her like that daughter is not yet a big girl. So, I hear her say ‘No. She is still young. I have to do this for her and this for her and this for her’. Then I realised that maybe I making it too hard for my daughter. At times I used to say to her ‘No. You are big now! You have to do this, and you have to do this’. So, I realised that no I have to give her time to grow more before I make her do all these things. That is needed to make the relationship between the mother and daughter. If you quickly push to do like she is an adult it will even confuse her, because she has to go through the childhood stages first.”</i>
Vuyi (PPC)	<i>“That is an interesting one, because my neighbour she is a Nigerian, she is an ‘outsider’ and she has two children – a boy and a girl. Now the girl is older than the boy and the girl is doing Grade 5 and she is already having her periods... and the mother keeps on ‘Ok. When you have your period don’t go outside. Stay inside. Know that you are becoming a big girl and you are a big girl now’. And the way I see her like talking, because when I started my periods I didn’t have the same talk she is giving her child, because when I started mine my parents were already at work. So, I couldn’t phone or disturb them. So, I had to wait. It made me realise that I need to understand my child’s development and prepare her for it too.”</i>

Preparation for puberty was generally something that parents/ primary caregivers mentioned as something that they personally had been poorly informed about when growing up. They observed that many parents in the community remained silent about the topic and children were poorly prepared for this physical and psychological stage in their lives.

As an example, Vuyi (PPC) explained: *“My mum was a bit shy with that... so I spoke to my LO teacher about it. She explained everything to me...”* As will be illustrated in the findings, this would prove to be relevant to the high rate of teenage pregnancy in the community.

A more prominent category discussed under this domain related to the responsibility of ‘good enough’ parents to ensure that their children attended school.

- **Ensures school attendance**

When the indicators of the cognitive well-being of children as presented by the CFCW (Lippman et al 2009:20) were compared with the indicators of 'good enough' parenting, it was evident that both sections underscored the importance of parents making sure that children attend school. Three indicators of child well-being linked to the cognitive development of children are educational achievement, developing a positive attitude towards learning, and school engagement (Lippman et al 2009:20). Whilst school is intended to be a socially including mechanism, it appears as those from disadvantaged backgrounds are not protected from being ridiculed or insulted. They are treated differently because their parents do not have the resources that would enable them to fit in. However, the responsibility of parents to drive school attendance is noted in 'good enough' parenting constructs regardless of parental circumstances (Al-Hassan 2009:27; Bywater & O'Loughlin 2016:77; Johnson et al 2014:103). The first indicator that the parents/ primary caregivers mentioned was that 'good enough' parents were those who ensured that the child attended school regularly.

Whilst the parents who were interviewed reported that they made sure their children attended school, they observed that many parents in Welbedacht East failed to do this.

Participants	Quotations
Carol (PPC)	<i>"When it comes to education, I am a very serious person. I like to know that my children go to school and I start them when they are still small like this. I have to sacrifice whatever money we have. I have to, really. And now I am so happy because everyone who meets her... the way she speaks English 'cos I send her when she was small. There was never a time that I did not send her because we had to eat that month. I send the children early to ECD. My daughter was learning this... even when I go to her school now and I talk to the teacher they actually say 'What language do you use at home because your children are so good at English?'... and I say 'No we speak Shona at home'. This one, too, I send him at four years to go to preschool. So when it comes to school they need to be prepared."</i>
Vuyi (PPC)	<i>"That is important because that is where you find out about the child... You will find that maybe... he doesn't fit with the other children in his class. Like for example he is in Grade 3 and he is about 12 while the others are much younger (referring to developmental lag)."</i>
Ethel (PPC)	<i>"I make sure that my children go to school every day. I don't have a problem with them with that. I make sure that they do their homework."</i>

Olga (PPC)	<i>"I want them to just grow up properly... in the right way... I want to ensure that they go to school and are educated. I don't just listen to their excuses. Sometimes a child can wake saying that they have a stomach ache, because they are lazy to go to school. But as a parent I can see and am very observant when the child is really sick or is just playing with me. So, I will make sure that the child will go to school, and when they return from school everything will be just fine. Meaning that there was no sore tummy in the first place."</i>
Hle (PPC)	<i>"I ensure that he goes to school. And he loves school. It is important, so that he can get good jobs one day."</i>
Angel (PPC)	<i>"Some parents, they make sure that their children go to school every day even if they got no money to get them to school. But they make sure that they find a way to get them into school to get their education."</i>

The transcriptions confirm that the parents/ primary caregivers placed great value on their children attending school and considered it their responsibility to ensure their attendance. This required parents/ primary caregivers to make considerable sacrifices so as to be able to afford to enrol their children in early childhood development centres (which is not free in South Africa), be firm about making their children attend school generally, and offer the child ongoing encouragement in order to satisfy this indicator. They noted the benefits of doing so as including linguistic progress and the early identification of developmental lag.

For some, they explained that their commitment to their children's education was motivated by their own experience of being uneducated. Carol (PPC) said: *"I don't like where I am now, 'cos I just finished my O Levels and then I never went and studied further. I wanted to then, but there was no one who wanted to support me... There was no one who could guide and help me. So now I want to give them the chances, and at the end of it I will know that I played my role as best as I could. I have to plant some ideas for my children so that they can go as far as they can with education."*

Reasons given for parents/ primary caregivers not ensuring that their children attended school were linked to neglect, perceived prejudice from educators towards the children who came from the poor neighbourhoods, and parents'/ primary caregivers' perceptions of educators being judgmental.

Josie (PPC) blamed the parents: *"It's like the parents' fault for taking the child out from school, for no reason. Like making him or her stay away from school to do other things the parent needs doing."*

Carol (PPC) observed the following: *“Some parents... you can see the children playing while it is a school day. Whether it is fees or neglect... I don't know. Sometimes the most of children they just stay away from school which is not good.”*

The concern raised by Vuyi (PPC) was that many parents in the neighbourhood delayed enrolling their children in school at the correct age. This is what she had to say: *“Like this is because the parents are putting the child late to school. This is a problem here... It is quite common that parents don't check that their children go to school when they should start.”* She went on to explain that the school dropout rate was common during the high school phase, and parents did little to prevent this: *“...normally it starts around the high schools. Some of them decide, ‘Ok. School is not my thing at the moment’. And they just go as conductors (assist the taxi drivers on their trips). They drop out. Their parents don't do nothing about that!”*

For others, the child's poor school attendance was linked to the way he/she was treated by teachers. For example, Ethel (PPC) spoke of a problem she had with her son's school: *“We do have a problem with the school. Sometimes the teachers are being very nasty to the children. My boy last year had a problem.”* She expanded on this and shared that corporal punishment was used by teachers and parental intervention would result in the child being victimised by the teachers responsible: *“So if the parent goes to question them and ask them, then it becomes a problem and they try to grudge the child. But the last time the mam hit my child on his hand, it was gone blue... So, if I am going to go to school and ask the mam about it then she will just get nasty. And the child will have a problem. So, I didn't do anything. I left it. I said to him, ‘you go to school for your education and nothing else’...”*

Another parent/ primary caregiver, Rekha (PPC), shared her example of a teacher using her daughter as a scapegoat at school, which then affected the daughter negatively: *“The children don't want to go to school. We have had a few problems in the school. And she (referring to her daughter) used to go and she used to run back, out of school. Until we found out that the teachers were giving her a hard time.”*

Josie (PPC) noted that the Welbedacht East children felt excluded at school, not just by the teachers, but also by other learners: *“There are many children who are enrolled in school, but do not go to school. Like maybe they only go to school for two days a week and the rest of the days they are at home. Sometimes, from the children's point of view, it is the teachers in the school. Some of the children say the teachers hit them. And then*

there is some of the children that embarrass these children in front of other children, in the class, and all of that. Like, they leave the children with no self-esteem.”

Another parent/ primary caregiver, Hle (PPC), expanded on what made some of the Welbedacht East children feel different at school: *“The child stops going to school... You can’t always be upset, because at the end of the day, the child wants to eat, they want to wear clothes like the other children and they don’t want to feel different.”*

Similarly, another community champion, Sara (CC), pointed out that schools were discriminatory and failed to treat the learners from disadvantaged circumstances with sensitivity: *“Like the other day, the child was coming from the shop, I am not sure why the parent was not checking why the child was not at school. The child said ‘Ma’ and I said, ‘Yes? Why did you not go to school?’ And he said, ‘They want us to bring money to school’. The money was for wearing civvies at school... He said, ‘Ma did not give me money, because she does not have it’. And I asked, ‘How much do you need to pay?’. He said R2. I felt so bad. I took out R2 and I said, ‘Here my child, go wear your civvies, and go to school, and I gave him another R2 and said, ‘This is to buy yourself chips. Wash yourself quickly and go to school’. The child ran to school, shame.”*

Whilst parents/ primary caregivers acknowledged the importance of their children attending school, they also alluded to the social exclusion their children experienced, especially being judged according to their personal circumstances. As proposed by Dumais (2006:102), parents from LSEEs are less able to support their children at school and this often leads to their children feeling that they do not fit in. Discrimination undermines learning ability, causing the children to resign themselves to their debilitating contextual circumstances that then develops into a self-fulfilling prophecy of failure (World Bank 2013:14). The absence of supportive, positive social relationships between learners and their peers in schools, as well as between learners and their educators, as referred to by Diener and Seligman (2004:1), may explain some of the poor school attendance of the Welbedacht East children and the limited efforts by parents/ primary caregivers to address the problem. Poverty is acknowledged as the key factor responsible for children dropping out of school (Atilola 2014:3).

Welbedacht East did not have an adequate number of schools to accommodate the local children. There was only one senior primary school and four early childhood development centres. Most of the schools that the children attended were not located in the neighbourhood and learners had to walk about 10 kilometres a day or use public

transport to get there. Public transport costs approximately R250 per learner per month, which many parents could not afford on the CSG. Access to and utilisation of early childhood education is known to be poor in South Africa (Atilola 2014:4). Parents struggled to pay the school fees and provide their children with the resources that allowed them to 'fit in' with the others. The four elements that typically exclude poor children, as presented in Section 2.4.1, were markets, services, crisis services, and spaces.

Building on this sub-theme, some parents/ primary caregivers suggested that another 'good enough' parenting indicator was the parent cooperating with the school system, to form a home-school partnership that would advance the child's learning.

- **Forms a home-school partnership**

As proposed, 'good enough' parents are expected to promote the child's engagement in school and school activities (Johnson et al 2014:117), and this is usually achieved by partnering with the educators in practical ways, such as being responsible about overseeing the child's homework, supporting the child in his/her involvement in school activities, and meeting with the educators to discuss the child's progress (Bywater & O'Loughlin 2016:77; Johnson et al 2014:103). There were mixed responses about the extent to which parents/ primary caregivers achieved this. The views of the parents/ primary caregivers who motivated the importance of achieving this home-school partnership are discussed first.

Participants	Quotations
Faith (PPC)	<i>"I think I must go to the school and know the teacher and help the child with the schoolwork. It is a partnership between the home and school to get the child learning. It is important."</i>
Olga (PPC)	<i>"And to ask the child when they come back from school, 'what did the teacher say?'... He would answer and say if the teacher did not say anything. If the teacher said something, he would say that it is in the message book... And that it was nice at school, this is what we did. I am not sure how important these things are, but this is what I usually do."</i>
Hle (PPC)	<i>"When you see that something is not right, you go straight to school to check what is happening with the child."</i> <i>"When they go to school, to check how their children are doing, because yes, we send our children to school, but at the end of the day they end up bunking school."</i>
Muhle (PPC)	<i>"When she has homework then I help her with it. I also read a book to her."</i>

Some parent/ primary caregiver participants referred to factors that interfered with their ability to get involved in their children's school activities. The first was Ethel (PPC), who spoke of the poor relationship between parents and the school because of the school interfering with parental practices: *"Like if we have to spank the child and there is like... the teacher picks it up at school and they want to call the social workers. So, we can't spank the children. But does it give them the right to hit the children and be fine with it?"*

Lack of transport precluded some parents from engaging with the schools that their children attended, as explained by Angel (PPC): *"...Besides, the parent meetings. I can't make them. I do the homework and the other things from here, but I can't make it there."*

Some parents felt too incompetent to assist their children with homework, as in Angel's (PPC) case: *"Ja. I try to help them. Or else, if I don't understand the homework, then the baby's father will help them. Like Afrikaans. I don't understand this. He really knows how to read Afrikaans so he can help them."*

Lastly, Ethel (PPC) shared that the school her children attended did not offer extramural activities for learners, which created limited opportunities for parents to interact with the educators: *"They don't have concerts. They don't even have sports in the school. So we never get to meet their teachers."*

It is acknowledged that schools with a high number of children from LSEEs have less engagement from parents. Reasons are usually attributed to the parents' own lack of education, language difficulties, and neighbourhood risks (Katz et al 2007:8). Authors Katz et al (2007:8) report that often parents perceive themselves as lacking the skills required to assist and support their children with their schoolwork. The reasons, as presented by some of the parent/ primary caregiver participants, for not engaging actively in supporting their children with their schoolwork included feelings of being unfairly judged by the educators, feelings of incompetence related to being unable to assist with homework tasks, and their lack of transport. In one instance, it was stated that the school failed to offer children extramural activities which would create informal opportunities for parents to meet their children's educators.

The next category that the parent/ primary caregiver participants identified as an indicator of 'good enough' parenting was the responsibility of parents to stimulate their children's intellectual/cognitive development.

- **Stimulates child's intellectual development**

The CFCW proposes that a child's curiosity, active learning, mastery of cognitive developmental tasks, and the motivation to learn are things that have to be nurtured (Lippman et al 2009:20). Scholars writing about 'good enough' parenting identify specific parental responsibilities for doing so: providing children with a rich and stimulating environment to promote the child's physical and intellectual development; stimulating the child's acquisition of speech; engaging the child in activities and play; reading to the child; and providing him/her with the necessary supplies for learning (Al-Hassan 2009:27; Hoghughi & Speight 1998:294; Johnson et al 2014:117; Seay et al 2014:204). As indicated in Section 2.4.1, this is only possible when parents can access the four elements of social inclusion as presented in Figure 2.5. In discussion of the bioecological circles of influence, Section 2.6, it is further noted that the five circles of influence, namely micro-, meso-, exo-, macro- and chrono-systems, often create contextual disadvantages that make it difficult for parents to fulfil this responsibility.

This element of 'good enough' parenting received the least endorsement from parents. Being responsible for stimulating the child's cognitive development and education was a relatively new concept for many participants, and most made little effort to do this. Some reported trying, but their efforts in this regard were not well-suited to their children's ages and abilities. Lack of resources appeared to be the biggest constraint. Parents'/ primary caregivers' perceptions of stimulating their children were mostly limited to reading to the child.

Participants	Quotations
Vuyi (PPC)	<i>"I notice this with my mum, when she is caring for my baby. She will always sing a Christian song and she will always carry these... what can I say... this toy that he has... it is like a piano, but when you press a button it sings different kind of tunes. And I see him listening to different tunes and even the words."</i>
Ethel (PPC)	<i>"My big one reads to the two brothers. And sometimes they want me to tell the story. Just these common stories that they tell all the time. Sometimes they bring a book or a magazine or newspaper. Every Sunday we get the Sunday Tribune and whatever article is suitable then I gather them around and make them read so they know what is happening."</i> Ethel's children's ages were three, seven, and nine at the time of the study.
Josie (PPC)	<i>"I wouldn't like read bedtime stories, like, but it will be like something from the Bible. I don't really like have story books, but when he has been to Auntie Elsie, and he brings home a book, then I will read to him."</i> Josie's son was five years old

Muhle (PPC)	<i>"I don't, I have only seen White people doing that in the movies. I have never done it."</i>
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In exploring the reasons given by parent/ primary caregiver participants for not facilitating the cognitive development of their children, the lack of parental knowledge about ways to stimulate their children intellectually or cognitively became apparent.

For example, Dudu (PPC) explained her reasons for not doing this with her three-year-old son: *"I have never done this. I wouldn't lie... Because I thought he is too young. It will be better when he goes to school, so he will understand from school when he gets taught, and then I will continue from that and read to him."*

Josie (PPC) shared that her son was not interested in learning from her: *"... 'cos he likes to learn from other people not from me. Like he would learn, but he would pretend that he doesn't know what I am saying. But if someone else has to teach him he will come to me and tell me that this is what someone else has taught him... like I would use a normal pencil and paper to teach him to write his name"* (her son was five and not involved in an early childhood development centre).

The benefits of appropriate cognitive stimulation by parents are well-noted. When parents provide children with stimulation in the early years, the children are more likely to be school ready and open to learning, and the positive outcomes of the early stimulation can be measured well into adulthood (Gould & Ward 2015:4). However, this area of stimulation during childhood was lacking in this community. Atilola (2014:3) challenges that rich indigenous knowledge is overlooked, favouring stimulation by parents who have had formal schooling, because this enables parents to transmit knowledge, cognitive skills, and societal values reflecting individualism, a Western approach to teaching and learning. This may offer a cultural explanation and it is possible that the local parents stimulated their children's development in other ways.

Linked to the indicator of 'good enough' parenting is the ability of parents to take their children to interesting places, which is considered as an effective way of stimulating the intellectual growth of children.

- **Takes the child to interesting places**

Multiple benefits related to the child's cognitive development and education are achieved by taking the child on outings to interesting places. These benefits relate

directly to several indicators of child well-being as listed on the CFCW (Lippman et al 2009:20): transferring knowledge of life skills such as road safety, stimulating the child's curiosity, advancing the child's aesthetic or creative development, and introducing civic knowledge. It was evident that taking the child to interesting places was a challenge for most parents living in Welbedacht East. Many of life skills are reported in Table 3.3. However, it was also discussed in Section 2.6.2 and 2.6.3 that social support networks and community environments are needed to augment the role that parents play in promoting the general well-being of children and that poverty seriously undermines the opportunities available to children.

Whilst some parents/ primary caregivers suggested that taking the child to interesting places was important and tried to do this when they could, they had limited resources to make this possible.

Participants	Quotations
Ethel (PPC)	<i>"I try to take her to Unit 5 (main shopping area in Chatsworth)."</i>
Angel (PPC)	<i>"I take them to Checkers... Or where I can take them to show them how to do shopping. So that they know that they mustn't see something that looks nice and buy it. They must just look at the price of the stuff. They mustn't just think that I can afford just to buy."</i>
Rekha (PPC)	<i>"Yes. I do (take them to the shopping centre). They have turns, because you can't take both with you... If you take both with you then the sister will tell the brother to ask mummy for this and he will tell her to ask mummy for that. Knowing that I have a budget and I have to keep to that I rather don't take them at the same time... sometimes there is a small budget to get them some things."</i>

There were two main reasons mentioned when discussing reasons why parents/ primary caregivers failed to take their children on outings: lack of finances and limited recreational facilities accessible to families living in Welbedacht East.

Several parents/ primary caregivers indicated that whilst they recognised the importance of taking their children to places, they failed to do so only because finances restricted them. For example, Carol (PPC) said: *"...well it depends now, because of no funds. Sometimes money is too little to take your children anywhere..."* Faith's (PPC) response was similar: *"I should do... There are things that make it hard. It's hard. But sometimes I have to... Sometimes I have no money to do this."*

Welbedacht East was described by parents/ primary caregivers as a place that offered few recreational opportunities. They mentioned that there were no organised activities

for children, only one dilapidated playground, and the only other recreational facilities such as sports fields, shopping centres, and open parks were in Chatsworth, which was costly to reach.

Those who reflected on the lack of organised activities for children were Muhle (PPC) and Vuyi (PPC). As pointed out by Muhle (PPC): *“Here? Not much goes on here. No one organises things for the children to do.”* This had not always been the case according to Vuyi (PPC), who said: *“There aren’t interesting places to go to anymore. And no groups that come to play and teach the children. It has all faded.”*

A playground had been built for children, but it had been poorly maintained. Carol (PPC) referred to the only park in Welbedacht East as being inaccessible to some who were located on the other side of the hill and considered it the only place that parents/ primary caregivers could take their children to if they did not have money: *“We have a park, but it is on the other side. I can say that one can go to the park in Welbedacht if you can’t afford to go anywhere else. You can take them to the swings.”*

Faith (PPC) did not see this park as a suitable option for her children: *“If we wanna go to the park we have to go to Chatsworth... There’s shops there... (referring to the centres that surrounded a well-maintained park in Chatsworth). We don’t have those things here... I would not take her to the park here.”*

The parents/ primary caregivers expressed a need for a local community resource, such as a library. As mentioned by Ethel (PPC): *“I don’t take them to places like the library. The library is a bit far. And I don’t have sometimes the money to take them. It is too much to spend to take them... I really don’t take them out a lot.”*

Getting children to the closest library in Chatsworth was challenging for parents/ primary caregivers, as Rekha (PPC) pointed out: *“I mean I would like to take them to the library. The libraries are too far away from our house. Apart from worrying about him crossing the road, I am also afraid of crossing the road. There are a lot of roads for us to cross and they are busy roads. I don’t like that. We can’t get to the library...”*

Parents/ primary caregivers had no available community resources that provided affordable and healthy opportunities to visit places outside of their homes.

This concludes the discussion of the parents'/ primary caregivers' perceptions of indicators of 'good enough' parenting as related to the cognitive development and education of children. In summary, an area of concern noted was the high incidence of children who were not attending school or attended irregularly. Reasons given were parental disengagement, parents' poor personal educational achievements, and social factors that made parents and children feel socially excluded. Corporal punishment in schools and unfair treatment of children were reported as prohibiting factors. It was suggested that some parents failed to monitor the developmental stages of their children and when children reached puberty, girls in particular, they were not prepared for the developmental changes that they faced. Inadequate financial resources meant that there was no money available to extend their children's knowledge or expand their daily routines in order to stimulate their curiosity to learn new things. Parents were limited in their understanding of ways to stimulate their children and some mentioned that they expected the schools to take responsibility for this part of the child's development. Inadequate recreational facilities denied parents/ primary caregivers opportunities to extend their children's cognitive development and education outside of the home. In contrast to the Parent Competency Model, little mention was made of parents/ primary caregivers encouraging children to learn, showing an interest in their schoolwork, ensuring that they had a space to do their homework, or providing the school supplies that they needed for learning (Johnson et al 2014:117). Parental participation in this domain of 'good enough' parenting was generally poor, and they acknowledged this for the most part, but blamed their contextual circumstances.

Some authors who write about 'good enough' parenting do not include this domain as an indicator of 'good enough' parenting (Choate & Engstrom 2014:371; Kellett & Apps 2009:27; North 2013:25), possibly because it is considered to be a typically Western enforced indicator which can be considered to be discriminatory (Dermott & Pomati 2016:128-129; Gillies 2005b:842). Structural factors such as poverty, unemployment, single parent families, gender discrimination and social exclusion, all of which were typical in Welbedacht East, place restrictions on the access that parents/ primary caregivers have to the resources needed for their children's cognitive development and education (Gillies 2005b:842). Without having the taken-for-granted necessities, poor parents are unable to spend time reading to and playing games with their children (Dermott & Pomati 2016:130-131) or invest in their education (Gillies 2005b:842). In contrast, middle-class parents with more education can offer their children more educational support and stimulation, which further excludes the poorer parents and their children in the school system. As explained by Dermott and Pomati (2016:131), this results in poorer parents withdrawing, becoming less inclined to contact their children's teachers, because they expect that they and their children will be judged as inadequate.


The fourth domain of child well-being as promoted by the CFCW (Lippman et al 2009:20) and recognised as a responsibility of 'good enough' parents is shaping the social and behavioural development of children.

5.2.4 Sub-theme 4: Social Development and Behaviour

Moral character, prosocial values, social intelligence, cultural intelligence, environmental and civic awareness, and prosocial behaviour are considered relevant to the development of healthy, well-adjusted children (CFCW, in Lippman et al 2009: 21). 'Good enough' parents are expected to promote the social development and behaviour of their children (Hoghughi & Speight 1998:294; Johnson et al 2014:96-97). To achieve this, they are expected to set boundaries relevant to the child's developmental stage to teach the child what behaviour is acceptable (Hoghughi & Speight 1998:295). The CFCW (Lippman et al 2009:23) further adds that children need a sufficient quantity and quality of social and family networks. These indicators were presented in Table 3.3. Social participation and support networks were further identified as contextual factors intended to support parents to achieve the social development and behaviour of their children, as discussed in Section 2.6.2, 2.6.3 and 2.6.4.

The responses of the parents/ primary caregivers under this sub-theme are presented in six categories: setting an example, setting limits and using appropriate discipline, teaching the child manners, developing the child's cultural identity, encouraging the child to participate in organised activities outside of the home, and making sure the child stays in contact with other family members. The first indicator of 'good enough' parenting discussed under this domain was the need for parents to set a good example for their children.

Table 5.8: Parents'/primary caregivers' indicators of 'good enough' parenting related to the social development and behaviour of the child

 <p>Greets others</p> <p>Cover your mouth when you cough or sneeze</p> <p>Listens</p> <p>Shares</p>	<p>Social Development and Behaviour</p> <ul style="list-style-type: none"> • Sets a good example for the child • Sets limits and uses discipline • Teaches the child manners • Develops the child's cultural identity • Participation in organised activities outside the home • Encourages contact with family members outside the home
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- **Sets a good example for the child**

Children deserve to be helped to develop into well-adjusted human beings of good moral standing who reflect prosocial values (CFCW, in Lippman et al 2009:21). The modelling of prosocial behaviours by parents is one of the indicators of 'good enough' parenting, as listed in the Parent Competency Model (Johnson et al 2014:96). The parent is expected to demonstrate the appropriate, responsible behaviour, non-aggressive conflict resolution, and kindness (Al-Hassan 2009:27; Johnson et al 2014:96; Seay et al 2014:204). It was evident in the interviews that parents/ primary caregivers expected 'good enough' parents to take that responsibility seriously.

Participants	Quotations
Vuyi (PPC)	<i>"The way I see it... a child follows the parent's example. The child sees whatever the parents are doing and then practises it on their own."</i>
Hle (PPC)	<i>"It is just that I wish for the child to grow up and be a good example. They must all grow up and be able to say, 'that my mother taught me this, which is good'. The child must see the goodness in the things that I teach them. At the end of the day I want to know that I taught them good things."</i>
Muhle (PPC)	<i>"Am I my child's role model?... I do try. I can't say I am 100 per cent because I am human and also have my faults."</i>
Angel (PPC)	<i>"Since this place here... a lot of children are being pregnant in this place. I talk to them. I tell them they mustn't do that. They mustn't hang around the boys. Play in the yard where I can see you. Or play with the girls that are there at so and so's yard. And all that stuff... I don't do any of that stuff. I don't drink or smoke. I try to show them what is right."</i>

The parents'/ primary caregivers' narratives reflected their belief that socially acceptable behaviour was best taught to children through parents modelling what is expected. They were expected to create a positive impression on their children, so that their children would emulate them into adulthood. Some demonstrated insight that as human beings

there were times that they failed to model socially acceptable behaviour, but they continued to attempt to set a good example.

For example, Josie (PPC) said: *"... 'cos I won't say that I am always a good example because sometimes I... maybe when I am angry with his dad, without even realising that he is sitting in front of us, I shout. So I should not say all those things in front of him."*

Because Sphindi's (PPC) son was still young, she had not paid sufficient attention to fulfilling her role in this regard: *"I am not a perfect example for my child, I do not pray with him. I don't educate and teaching him about our culture. He is still too young and I haven't even thought about that yet."*

It was often mentioned by parent/ primary caregiver participants that others in the community failed to set proper examples for their children. An example was given of how a neighbour's child had imitated the parent's inappropriate behaviour. This is what Vuyi (PPC) shared: *"The same neighbour that I am telling you about, she is very vulgar. She speaks too much of vulgar language and she has four children... So what she does is... every time she has an argument with her husband... you can work out that the children are around them. But instead of taking the fight to another place or taking it to another room to sort things out with no noise, she will just scream. And obviously the neighbours, and us, will hear all of this. So we will know that there is a fight and stuff. And you just hear after a few days the child swearing another child. Calling them names."*

The example given by Rekha (PPC) suggested that the behaviour modelled by some community members was abusive: *"They even beat the child against things. Not just like a small smack. No! Then you get parents that smoke drugs while their children are around. You get parents that drink around their children. You get parents that even like do prostitution around their children. So, like, that is going to make their children think it's ok to do those things. You get parents selling drugs here... And what else? The domestic violence is also very high here."*

It was evident that the parents/ primary caregivers interviewed recognised the importance of modelling socially acceptable behaviours for their children. Some were honest and indicated that it was challenging to do this consistently, because they found it difficult to be in control of themselves all the time. One parent/ primary caregiver, Sphindi (PPC), explained that as her child was three years old, she had not considered that he could be influenced negatively by her negative behavioural patterns at such a

young age. Several parents/ primary caregivers expressed concern that some children were exposed to parental behaviours such as substance abuse, domestic violence, and prostitution, which could normalise those behaviours. Their concern is consistent with the bioecological theory which asserts that contexts and processes close to children, in which they actively participate, influence their developmental outcomes (Ashiabi & O'Neal 2015:10). Poor proximal relations between parent and child increase the risk of child engagement in negative social behaviours and decrease the probability of engagement in positive social behaviours (Ashiabi & O'Neil 2015:11). The distal processes affecting the parenting of disadvantaged parents were discussed in Section 2.6.3, focussing on typical challenges that poor neighbourhoods pose to parental practices. The parents/ primary caregivers confirmed that through interacting with others close to them, their children internalised those models of social relationships (Bornstein 2015:6). This is important because it confirms that if children experience positive social behaviours in their interactions with significant others, they are more likely to be empowered to mediate against the harmful, negative neighbourhood influences they are exposed to.

Discipline was considered to be another expected parenting method used to inculcate positive social behaviour by 'good enough' parents.

- **Sets limits and uses discipline**

Setting boundaries and fair limits is mentioned in the table of the constructs of 'good enough' parenting (Table 3.3). Developing ethical behaviour, integrity, communication, cooperation, conflict resolution skills, and prosocial behaviour contribute to the long-term well-being of the child (CFCW, in Lippman et al 2009:21). Therefore, 'good enough' parents are expected to regulate the undesirable behaviour of their children (Bywater & O'Loughlin 2016:76; Johnson et al 2014:103; Seay et al 2014:204).

The general sentiment amongst parents/ primary caregivers was that this was one of the primary indicators of 'good enough' parenting.

Participants	Quotations
Vuyi (PPC)	<i>"Well this is important, because as I was growing up, my mum had like these rules for inside the house and outside. If you want to play like games like cards, and such, it is inside. And if you want to play something like ball then you have to go outside into the garden and play there. And if we didn't react in a good way to the rules (obey), then she will take away the TV lessons (educational programmes) that we used to watch, and the other stuff we liked on TV. She would start saying that 'since you did this or that, today you are like grounded' and stuff like that. We were not allowed to go out when we did not listen to her... I think it was very important. I think it was fair..."</i>
Ethel (PPC)	<i>"I punish them... They love to watch TV, so I switch off the TV. They like to play with others, their friends. I stop them from playing. They must be in the house. 'If you cannot listen to me and obey my rules and you feel your friends are more important then go and be with your friends, but don't come back. Because I warned you and if you cannot listen to me, I cannot do anymore'."</i>
Hle (PPC)	<i>"The girl that is older, she is the one that I can see that is able to do many things. She does them the way I wish them done... She is still the child I wish her to be. Even when we don't see eye to eye, she does not make an issue of me hitting her. Because I tell her that Yonela (pseudonym), my child, I am not hitting you because I hate you, I am hitting you because I want you to do what I want you to do."</i>
Rekha (PPC)	<i>"My daughter doesn't like to do work (household chores) so if she doesn't do something, then I give her extra work to do. She has to clean certain extra areas. Now with my son he likes to go and play with his friends and if he has done something bad, then he won't be allowed to play with them. He will have to sit inside the house. Sort of like a time-out thing..."</i>
Dudu (PPC)	<i>"I do, do this. I tell him it is wrong to hit another child; it is wrong to swear at other children; to take what does not belong to him without their giving him permission. Ja, and I tell him the consequences if he does these things... I talk to him. I show him that I am angry. He must understand that I am angry. If he doesn't listen, I do spank him... Oh he is so naughty. So naughty. I have tried, just like they show on... there is a TV show that tells you to put the child in the corner. They say if the child moves from the corner you must put him back. I have tried to so many times. He just moves and will not stay. I can try five times."</i>

There was evidence that parents/ primary caregivers believed in discipline. Their narratives reflected their intentions to be consistent in setting boundaries for their children. Punishment was used in all but one of the quoted scenarios, namely Dudu's (PPC). She used inductive discipline instead, explaining to the child what was expected of him and the impact that he was having on others by not cooperating (Johnson et al 2014:96). The most frequently reported behavioural control methods mentioned were privilege withdrawal, time-out, and more controlling types of discipline such as corporal punishment and coercive control. Corporal punishment and coercive control are linked to damaging effects on children (Gould & Ward 2015:5; Taylor et al 2000:116). One parent explained that she had internalised this form of behavioural control because this is what her mother had used on her when she was growing up.

It was pointed out by Carol (PPC) that setting boundaries was important for keeping children safe, which many parents in the community failed to do. She shared her observations and reasoning: *"Sometimes when I take a walk, I will see small children. I mean small, small, children sitting by the road, and everybody is coming past them. I go past them to fetch my son. And you will hear, 'Can you give us one rand?' And so they don't have discipline. They mustn't ask you for money or ask anyone passing by. They mustn't be sitting on the road. They don't have discipline. They talk to anybody. They must not talk to everyone. Especially the girls. You must discipline the children so that they won't go on the road, talk to strangers, beg for money. You have to discipline them from small, so they won't do these things. This protects them. Because you know why at the end of the day your child can go missing. The robbers can come by, and your child will be gone with them. 'Cos you never taught your children that they can't talk to everyone."*

Vuyi (PPC) explained that when parents failed to state what behaviours were unacceptable and why up front, it often resulted in the child being harshly punished: *"I don't think others do it (referring to setting and explaining boundaries). Everything goes with them. They let their children do anything... 'Cos you see my neighbour... every day, without failure, she starts, like, beating up the child because the child was just like playing with Duggar and stuff (mixture of sand and water). Instead of saying 'No, don't touch that, you will get sick and stuff'. Or even give her something else that she can play with. She should really explain why she can't do that... but no she just goes for the child. The child don't know anything... She should be explaining why she is hitting the child."*

A substantial body of evidence consolidated by Johnson et al (2014:97) states that the most effective behavioural control measures include privilege withdrawal, contingent rewards, being direct and firm, engaging children in decision making, and using logical and natural consequences. The parents/ primary caregivers did not mention making use of contingent rewards, joint decision making, and applying logical and natural consequences. Those they favoured were more controlling behavioural measures. As pointed out by Bornstein (2015:3), parenting practices should be recognised as being adaptive, and the example Bornstein uses is high control parenting observed amongst African American school children in the USA and Chinese school children in Hong Kong. Corporal punishment and other forms of abusive methods of behavioural control are known to be well-established in cultural and religious beliefs in sub-Saharan Africa (Atilola 2014:5). Another explanation is that the difference could be contextually-based. Parenting styles amongst parents living in LSEEs appear to use coercive behavioural

techniques to ensure that their children comply with their demands promptly which, from their perspective, is a protective measure when living in an unsafe neighbourhood (McLoyd 1990:323). Middle-class, Western values of discipline that rest on democratic principles have been found to be less appropriate for children growing up in poorer contexts, because they fail to prepare them for what they should expect from life (Gillies 2005b:842). However, others note that corporal punishment, when combined with parental stress and/or any other forms of mental health problems, causes problems amongst children, such as depression and increased anxiety (Gould & Ward 2015:3).

Appropriate to the promotion of prosocial behaviour is the notion of teaching children manners. parents/ primary caregivers felt strongly about the parents'/ primary caregivers' responsibility in this regard.

- **Teaches the child manners**

Developing prosocial values in children, as indicated in the CFCW (Lippman et al 2009:21), was acknowledged by the parents/ primary caregivers as an important 'good enough' parenting task. Their responses were largely related to the importance of inculcating attitudes of respect for others in their children.

Participants	Quotations
Angel (PPC)	<i>"I teach them manners. They must say 'thank you' if someone gives them something, or 'please', and 'sorry' if they hurt someone. And, um, if someone is talking to them, they must be polite to the person and they must have respect for the person, especially older people."</i>
Vuyi (PPC)	<i>"That is very important and people are ignoring this... It is happening with some of my neighbours. When you greet the child, the child will greet back, and suddenly start a conversation without you inviting them to. It is happening around me."</i>
Josie (PPC)	<i>"I am ok, in this, somewhere in the middle. Sometimes he (referring to her son) knows his manners, he does. But to some people, he doesn't. He just says anything. So then we have to stop him.... Ja, I am trying, but then I am not all there yet."</i>

Parents/ primary caregivers demonstrated that teaching their children manners was highly valued, particularly conveying respect towards others. Their concern was that other parents in the community failed to do this.

Vuyi (PPC) complained that a lack of manners was more prevalent in certain parts of Welbedacht East: *"It is a big problem. When you go, like down, further into Welbedacht... they don't care. They just say anything."* She further mentioned: *"Some don't teach their children to show respect to older people, know how to talk to them,*

greet them, and know how to help each other. Some they don't. They (referring to their children) just back chat when they are told to do things."

A similar perspective was Kuhle's (PPC), as she tried to explain how she taught her children to show respect to others: *"I try. It is also the same as if someone says 'Hey' when calling someone. I would say, if the person is a woman, call them mama, if the person is a man, call them tata. My children don't refer to other mothers and so and so's mother, they just call them mama. Someone that is younger than me, would be called sisi. I don't have a child that refers to another child's mother, as so and so's mother. No no... I try Sisi, I try."*

Courteous behaviours were expected from children, such as greeting people, respecting elders, knocking before entering a room, saying please and thank you, using cultural greetings instead of names, and offering to assist others. The parents/ primary caregivers acknowledged that it was their responsibility to assist their children to be socialised through instruction so that they would be accepted by others (Al-Hassan 2009:27; Johnson et al 2014:96)

Developing the child's cultural identity was identified as the next 'good enough' parenting indicator.

- **Develops the child's cultural identity**

Several authors note that a 'good enough' parent will develop the child's cultural and racial pride, and at the same time teach cultural tolerance (Al-Hassan 2009:27; Bywater & O'Loughlin 2016:77; Johnson et al 2014:103). Culture was acknowledged in Section 2.6.4.3 as a practice that is shared and cultivated to meet the physical, psychological, and emotional needs of family members. However, the parents/ primary caregivers expressed mixed responses to this 'good enough' parenting indicator. Some made a conscious effort to endorse cultural pride in their children.

Participants	Quotations
Angel (PPC)	<i>"They are encouraged to be proud of themselves... I just tell them, because when was it...? A month ago, one of the teachers asked one of my daughters they must do a Hindu Dance. And I said that they can't do that because we are not Hindus, we are Christians. We are Coloured. We mustn't do other people's things. You must believe in yourselves. Who you are! Don't go and jump into somebody else's Hindu things and start doing that, because you are going to forget about who you are."</i>

Carol (PPC)	<i>"Oh yes. I tell them we are not South Africans. He was born here. When my small one came she was three. So I always tell them we are Zimbabweans. I tell them what we believe and what we don't believe... There are many different peoples living here. I have noticed that. Especially the Hindus and the temples, I have noticed that."</i>
Josie (PPC)	<i>"...My son is Zulu. Ja, so his father's side of the family are big in doing stuff that must involve culture. So this weekend, there is a prayer for my son" (Josie is Indian).</i>

Cultural pride was mentioned as a protective factor which enabled some parents/ primary caregivers to survive their daily challenges. For example, Kuhle (PPC) shared: *"It made me not give up. We (referring to her Xhosa heritage)... We are a strong group. There is something that I always have here (points to her heart). Xhosas are strong, they can do their own thing (referring to being independent). So that has given me power. It made me not give up. I don't want to be pitied and I don't let my children feel sorry for themselves. I have learned by being Xhosa to take pride in myself."*

Cultural pride is recognised as a contextual factor that positively influences parenting practices (Ceballo et al 2008:223)

It was noted that several parents/ primary caregivers were mixed race families. Rekha (PPC), an Indian woman is part of a mixed-race family, explained that whilst culture was something that was not important to her, it was important to her children: *"I don't worry about the cultural things with my children. Religion-wise yes... but when it comes to the race-wise, my daughter says she is not an Indian. She's a coloured... Her father is coloured and so she says that she is a coloured. She doesn't want to be Indian... My son's father was a coloured as well. Only my last baby's father is an Indian."*

Concern was raised by some participants that parents/ primary caregivers confused their children by celebrating different religious festivals, instead of committing to one religion. Vuyi (PPC) shared in this regard: *"In our area there are different peoples. There are some Christians. Tamils, and Hindu. But what can I say? Some of them are confusing their children. Let's take the Christian ones. As it was Easter, they go to Church, and do everything. And when Diwali is around the corner, they will change their religion, and be Hindus or Tamils, and take their children there. At the end of the day the child would not know which side he is on... Children are losing touch with their roots, because of the parents."*

In contrast, Ethel (PPC) explained how her conversion to Christianity had influenced her to break ties with the Indian culture, although she realised that this would never be fully

achieved as evident in her narrative: “...normally our Indian culture is in there, deep inside. But one does (practices) your Christian things first... Now that I have got, how to say it, closer to God, I don’t want to be in any rituals with the non-believers. Like if they are participating in a prayer or something, and as I read the Bible, when you read the Bible it tells you not to spend time with non-believers.”

The responses about the impact that culture has on parenting practices was varied. It appears, for some, ethnic pride was an empowering factor in parenting, whilst culture was irrelevant to others such as Rekha (PPC), who had children with men of other race groups. Mixed ethnic groups living near one another had introduced acculturation into the community, which some accepted and others felt would confuse their children. Interpretations of cultural diversity in the discussion made more reference to religiosity than ethnic identity. The CFCW (Lippman et al 2009:21) underscores the importance of cross-cultural competence for the well-being of children, which seemed to be evident in Welbedacht East. The parent competency model, however, notes that ‘good enough’ parents are those who assume the responsibility for teaching children their cultural customs (Johnson et al 2014:120), and few parent/ primary caregiver participants reported doing this consistently.

A related measure of promoting the social development of children is creating opportunities for them to socialise through organised activities outside the home. This was mentioned by some parents/ primary caregivers.

- **Participation in organised activities outside the home**

The significance of social inclusion, particularly the establishment of relationships outside the family home, was noted in Section 2.4.1.4, because of the positive effects that social ties have on people’s mental health outcomes. More specifically, participation, connection with social networks, and recreation were mentioned in Figure 2.5 (McDonald 2011; World Bank 2013:6) as important elements of social inclusion. The value of children participating in organised activities in the community was further indicated in Table 3.3, reflecting this participation in organised activities as a positive indicator of child well-being as presented by the CFCW (Lippman et al 2009:22). Parental responsibility for promoting children’s participation in social opportunities is underscored by Bywater and O’Loughlin (2016:77-78) in their discussion of ‘good enough’ parenting. However, as shared by parents/ primary caregivers, this was not something that parents had control over. There was a lack of structured organised activities available to children in their community.

The only children who participated in organised activities outside the home were those who attended schools where extracurricular activities were offered, but even then some children did not participate because of transport problems.

Hle (PPC) shared that her boys participated in school sports, which helped: *“The boys play soccer. The big one plays cricket. The second one also, but he likes soccer best... In school my boy was in the cricket team. There are no sports in our community.”*

In investigating play in a poor South African community, Prinsloo and Wilson (2017:380) found that even when poverty affects children's play, they become creative in developing games for themselves. This was evident in Welbedacht East. There were informal groups that gathered and in one example a community member monitored the safety of the children at a distance. Vuyi (PPC) explained: *“There are groups here. There's like two sets of groups. One is around the corner and another is down the bottom there. The children gather in those spaces there. Every time, after school, they start playing soccer ball and some of them plays hide and seek. And for the girls they just play dress up with their dolls and stuff... Because the space is very wild (undeveloped open space with overgrown surrounding vegetation). And when the children start gathering there, the aunty starts doing her washing out there, so she can watch them. She makes sure that the children don't cross the road... there is a soccer club. My brother is involved, but it is not for small children it is for adolescents and older.”*

Josie (PPC) referred to the informal soccer group: *“There are no structured things here. There is a group of boys that play ball, that is all.”*

The lack of participation presented refers to the lack of structural resources in Welbedacht East. However, deeper dynamics may be inferred from some of the other discussions. The need to protect children from neighbourhood threats was another, as illustrated in Khule's (PPC) quotation: *“We are not free, so now you must do everything, because you are working in order to put food on your table, you are also working hard in order to look after your children. Like what I have mentioned before that we are tired of the drugs, and our children are being raped. It is difficult, as you can see that I have locked my children inside.”*

Clearly parents could not be expected to make their children participate in organised social activities in Welbedacht East. There were no formal, supervised activities offered

in the community. The few that participated in activities did so because these were offered at the schools they attended in the adjacent community. Living in an unsafe area, with only one public park that had been commandeered by drug users and lacking open spaces conducive to childhood play meant that children gathered on the roads. The safety of children was a major concern of parents/ primary caregivers who opted to restrict their children to playing indoors.

Some scholars question whether this element of socialisation of children is a universal indicator of 'good enough' parenting. Organised, structured extracurricular activities are associated with children in families of higher SES. Dumais (2006:93) proposes that middle-class parents are driven by competitive needs to enhance their children's cultural capital and have the resources to do so. He mentions that they can afford extracurricular activities, their schedules are more flexible to drop off or pick up their children at these activities, they have transport to and from activities, and they are much better informed about the opportunities available than parents in LSEEs (Dumais 2006:93). As evident in the vignette taken from Olga's (PPC) interview, children living in LSEEs are at risk of suffering exclusion from social and school activities, because structures, individuals and organisations endorse this (Davies et al 2008:215). Neighbourhoods that are not safe, fail to offer safe and clean playing areas, and report busy traffic are not conducive to increasing the participation of children in organised activities as promoted by the CFCW (Lippman et al 2009:21).

The last category of 'good enough' parenting indicators mentioned under the sub-theme of the social and behavioural development of children was to encourage social contact with other family members living outside the home.

- **Encourages contact with other family members living outside the home**

Most of the parents believed in encouraging children to stay in contact with other family members who did not live in their homes. The value of supportive relationships in the meso-system was discussed in Section 2.6.2. It was further mentioned in the CFCW (Lippman et al 2009:23) that social networks are important, and both quantity and quality are needed for the well-being of children (Table 3.3). This indicator of 'good enough' parenting is particularly relevant in single parent families, where the mothers are usually left to manage the emotional and financial challenges without the assistance of the other parent (Green & Hartweg 2004:186).

Vuyi (PPC), a single parent, explained that close contact with the paternal side of the family offered valuable support and safety for any child: *"...like the child is growing up even though you are not in touch with the other member of the child's life you have to make sure that the child sees and knows ok this is my father, this is my gran... It will be a problem if you have to go somewhere with your family and you have no one else to leave your child with. You won't want to leave your child with other people. If your child knows the other family, the child won't get confused... This is happening with my baby. They are too much involved."*

Angel (PPC) referred to maintaining contact with the extended family, namely her siblings who lived in Durban: *"They go to Mayville to the other family members... to visit our other family members... we all go to Mayville together. Mostly, during the holidays, when we don't have work. I take them."*

Carol (PPC) is a foreigner whose family lives in Zimbabwe. She, in contrast, stated that she found it difficult to visit her family due to the distance: *"It is hard. I use the phone. WhatsApp. Things like that. We don't go home often... Since this one was born, I never go because of money... I am not working this month, so the money is not that much. So, we can't plan to visit. We can't have a long journey like that."*

For Muhle (PPC), contact with the extended family members were also infrequent, but she did not explain her circumstances: *"Okay, I hear you, but it's something that I don't do very often."*

Clearly, social support from others was valued by parents/ primary caregivers. Two participants, namely Carol (PPC) and Muhle (PPC), mentioned not having social contact other than with those individuals who shared the home with them. In the absence of the emotional, financial, and material support of the family, parents are at greater risk of abusing their children (Green & Hartweg 2004:189). Children need to enjoy the positive functioning of their families as a whole, where they come together to enjoy celebrations, family meals, and when money is available for outings and vacations (CFCW, in Lippman et al 2009:22-23). Engagement in contacts of this nature was not mentioned by any of the participants. Whilst Vuyi (PPC) seemed to emphasise that it was better to leave the child with his biological family than outsiders, her narrative reflected that she did not get support from the father of her child, but rather from his family.

The parents/ primary caregivers suggested that 'good enough' parents would develop prosocial values in their children and build a respect for others, which overlaps considerably with the indicators of child well-being (CFCW, in Lippman et al 2009:21). There was reasonable consensus related to some 'good enough' parenting practices connected to the social development and behaviour of children. Role modelling of socially desirable behaviour was acknowledged as a primary method for developing positive social behaviours and values in their children. Parents/ primary caregivers regulated the undesirable behaviour of their children primarily by using disciplinary measures that were of a controlling or coercive nature. This is not uncommon for parents living in high-risk neighbourhoods (Ceballo et al 2008:223). The value of support from the extended family and others outside of the home was seen to be relevant to the well-being of the children and the parents/ primary caregivers themselves. However, relocation had compromised the support some of the families received and they turned to the support of those living in their homes (Green & Hartweg 2004:189). Whilst the idea of engaging their children in organised activities outside of the home was attractive to them and potentially a 'good enough' parenting indicator, it was an unrealistic one given their contextual realities. Unfortunately, this indicated that the children had limited extended relationships outside of the home and they were socially excluded (McLoyd 1990:322-323). Whilst the indicators of 'good enough' parenting were acknowledged, those related to extending social networks of support were challenging for the parents/ primary caregivers to satisfy. Given the limited resources and poor infrastructure of Welbedacht East, there were limited opportunities for parents and children to connect with others (Paat 2013:96). Ethnic pride was a protective factor that strengthened the resolve of some to parent their children under difficult circumstances, but acculturation had in some instances dissipated this cultural pride and cultural practices were reducing the ethnic identities of some of the children. Specific cultural influences were not mentioned as responsible for specific parenting practices evident in the community.

The remaining domain related to the well-being of children refers to the foundational competence expected of 'good enough' parents.

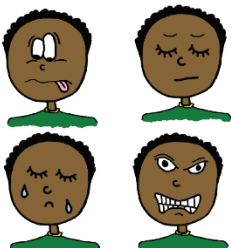
5.2.5 Sub-theme 5: Parental Foundational Competence

In discussing the context of the parent-child relationship in Section 2.6.1.1, it was noted that parental capacity was required to execute 'good enough' parenting indicators. Several authors discussed in Section 3.3.1.3 advocate that parents need to have basic parental abilities to perform as 'good enough' parents. Whilst their suggestions about the competence needed differ in some ways, the overlapping elements are noted. For example, Kellett and Apps (2009:27) recommend that parents must be in a position to place the child's needs ahead of

their own, and possess a willingness to seek and properly engage with support services when faced with challenges. Woodcock (2003:92) proposes that parents should work through their own personal experiences of their parents' deficits that they experienced whilst they were growing up. Choate and Engstrom (2014:371) advocate that parental substance abuse and/or parental physical or mental illness should not impair the parent's ability to care for the child. More recent parenting assessment frameworks extend these indicators further. The Child Assessment Framework (Crawford 2011:20) expects that no personal parental issues should interfere with the parent's ability to offer the child a safe, stable, and predictable environment of supportive care as needed for a child's healthy development. The framework devotes one axis of the assessment triangle to this alone (Crawford 2011:25; London Safeguarding Children Board 2017). The Parent Competency Model, as developed by Johnson et al (2014:102-104), has multiple descriptors of parental foundational competence, which are grouped into three categories, namely parental cognitive ability, psychological health, and self-care, with specific indicators allocated to each of these categories against which parents can be measured.

The parents/ primary caregivers were astute in recognising some of these. They stated that 'good enough' parents had to accept that they had to put their children's needs before their own, be able to regulate their emotions, and be willing to seek help when needed (Johnson et al 2014:102-104). Their identified responses follow.

Table 5.9: Parents'/ primary caregivers' indicators of 'good enough' parenting related to parental foundational competence

	Parental Foundational Competence
	<ul style="list-style-type: none"> • Puts the child's needs before own • Demonstrates emotional restraint • Willingness to seek help

- **Puts the child's needs before their own**

Section 2.6.1.1 presents several scholarly perspectives related to parents demonstrating a willingness to put their children's needs before their own. In addition, in Table 3.2 reference is made to Kellett and Apps' (2009) position that parents should put the child's needs before their own. The Parent Competency Model, as discussed in Section 2.3.5.3, motivates that 'good enough' parents are those who are able to remain responsible for their children's welfare and committed to fulfilling their needs in a

predictable manner (Johnson et al 2014:113). Multiple examples were provided by parent/ primary caregiver participants related to their personal efforts to place their children's needs before their own.

Participants	Quotations
Ethel (PPC)	<i>"I always put my kids first... If I were to go out and somebody offered me something...Just go out and have lunch or something, I feel bad because I am having something, and my kids are at home, and they are not having it. Whatever it is, whether it is pizza, a burger or fried chips, I make sure that my kids have it first and then only I have it."</i>
Carol (PPC)	<i>"I dress my children as well as I can. No matter if I only make R50, I try to buy something for my children to wear. I am a mother who is not just for herself. For me it is all about them. I am proud of myself. When I must have shoes for my daughter, or shoes for my son... I try to do someone's hair. So I know I can do as much as I can, even if he is not there (referring to her husband)... I have to make a plan."</i>
Vuyi (PPC)	<i>"...I have to put the baby's needs first... when my friends come over, and they have come to see the baby, and I have to walk them out, when they go, I first check on the weather to see if it is too hot or too cold... If I see it is not that good, I make sure... I make them understand 'Guys I can't walk you all out. The weather is not too nice. The baby will catch a flu or something wrong will happen'."</i>
Kuhle (PPC)	<i>"If I would just bring a man in the house... I am not treating my children well. I am chasing them outside, because they will feel that the only person that I value is this man... No, I will never do that, not on this earth!... No never!... Yo! I will never involve a stepfather, and let him come between me and my children. Never... I would rather end up being a nun and that is that... I don't want any stepfather in my children's life. Never."</i>
Angel (PPC)	<i>"They are the first priority in my life... I buy them Christmas clothes, but I don't buy myself. I make sure that they get the things they need, shoes, hairbands, and all of that."</i>

These excerpts offer multiple examples of the parents'/ primary caregivers' conviction that the needs of their children should be placed above their own in order to provide for their children's basic needs. Parents/ primary caregivers wanted their children to experience their love, care and commitment, and satisfy their children's important developmental needs, such as physical care and emotional belonging (Choate & Engstrom 2014:371; Hoghughi & Speight 1998:294; Woodcock 2003:92).

However, they did not rate other parents in the community highly on this score. When asked whether other parents in Welbedacht East put their child's needs first, Vuyi (PPC) said: *"No. They put their own needs before the child. Judging from the clothing they dress the child in, you can see that. And the way they are bringing up the child, it is just about themselves."*

Rekha (PPC) compared herself favourably against other women in Welbedacht East who had fallen pregnant as teenagers: *“They need to learn to put their children first. At the moment they are parents that worry more about partying, worry more about friends. Most of the mothers that I know worry more about themselves than their own children. I feel, because now it’s like, most of them become mothers before they were ready... When they were teenagers. They feel now that they never had their teenage life, so they neglect their children. I also had my child when I was 16. But then I realised that my child is more important because she never asked to be here. I did that on my own.”*

From the narratives of the parents/ primary caregivers, they appeared to comprehend the levels of physical care and affection needed by children, relevant to their developmental stages (Johnson et al 2014:112). Amongst the behavioural anchors that they shared were examples of the parents/ primary caregivers not allowing their socialising to interfere with their children’s needs, refraining from romantic relationships for the sake of their children, and making financial sacrifices on behalf of their children (Kellett & Apps 2009:27). Their stories suggested that they did more than share resources, such as food and income; they ensured that their children received the biggest share of the resources. Some parents/ primary caregivers, in anticipation of their children’s unexpected material needs, made plans to raise money to make sure that those needs would be fulfilled. This was consistent with the Parent Competency Model which noted that one of the indicators of ‘good enough’ parenting was the ability of parents to anticipate problems and execute some action to resolve them (Johnson et al 2014:113). The examples provided in this category reflected the parents’/ primary caregivers’ intentions to provide their children with predictable and constant levels of care, even when they faced their own challenges (North 2013:25).

The next foundational competence that the parents/ primary caregivers identified as relevant to ‘good enough’ parenting was the parent’s/ primary caregiver’s ability to regulate their own emotions so as not to negatively affect their children.

- **Demonstrates emotional restraint**

As presented in the Parent Competency Model, emotional regulation requires parents to demonstrate enough impulse and emotional control and find appropriate ways to express their thoughts and feelings in front of their children (Johnson et al 2014:114). It is implied in Section 3.4.1.4 that in order to promote the psychological and emotional development of children, parents are required to control their emotions. More detail of this is offered in Section 2.6.1.1b, which mentions the importance of parents being able

to manage their stress effectively to ensure that their parenting responsibilities are not affected.

The parents/ primary caregivers interviewed noted the importance of parents trying to manage their emotions in front of their children, as is evident in their narratives.

Participants	Quotations
Vuyi (PPC)	<i>"Parents must control their emotions and not let the child know how they feel about some things... The parents like from the place where I am living... they show when they are angry. They show when they are depressed. And some of them just cries in front of the children and the children just ends up crying too 'cos they don't know what is going on."</i>
Carol (PPC)	<i>"You need to control your feelings. You can't be in a bad mood and take your mood out on the child. You have to deal with your feelings yourself... You should be calm when you talk to the child."</i>
Dudu (PPC)	<i>"...well, you should try not to show your frustrations towards your child..."</i>

Practicing emotional restraint was described as being difficult at times, particularly when the parent/ primary caregiver was stressed. Dudu (PPC) used the example of when her child was unresponsive to her requests: *"Well sometimes I do show frustration, and sometimes I can talk to him nicely. Every day is different. It just happens. Some days, I do get frustrated. Some days, I am just normal, and calm... Some days he is too naughty. Those days I get frustrated and angry. But some days I just get myself to calm down and then talk to him nicely."*

Concern was raised about others in the community who failed to exercise emotional restraint in their interactions with their children. Carol (PPC) shared her observations of her neighbour's interaction with her children: *"I am hearing a lot of swearing. Some parents don't control their feelings. I hear 'You rubbish', 'You... fuck off', 'Your mother was like that'... When the child does something wrong then these parents don't control themselves. That is how they shout and swear and the next day this little one plays with your child and when you talk to your child he can just say to you 'Shut up'. That is what he heard, 'You shut up'. Like that."*

The parents/ primary caregivers had a good grasp of what managing emotional expressions in the presence of children entailed. They referred to the damaging effects of overlooking this element: parents projected their negative emotions onto their children, which created anxiety and deep sadness in the children and, in some instances, parental behavioural responses to anger were imitated and acted out in the

child's social relationships with others. Whilst discussing the behavioural anchor of emotional restraint, participants did not mention the stresses that parents typically had to contend with, but these were evident in the intersectionality of poverty, unemployment, neighbourhood crime, violence, gender discrimination, and single parenting, as identified in responses to other questions. The stress of parenting under such circumstances exposed them to high levels of distress (VanMourik, Crone, Pels & Reis 2016:350).

The last category related to the foundational competence of parents that the parents/ primary caregivers acknowledged was parental willingness to seek help from others when they needed support.

- **Willingness to seek help**

Scholarly references of 'good enough' parenting mentioned in Table 3.2 suggest that in order to be emotionally responsive towards the child (Woodcock 2003:95), parents should address their own past experiences of being parented, so that if they were failed by their parents in some respects, these vertical stressors would not interfere with their interactions with their own children (Woodcock 2003:95). According to Kellett and Apps (2009:27), 'good enough' parents acknowledge when they need help and are willing to seek assistance. To add to this, Choate and Engstrom (2014:371) mention that 'good enough' parents do not allow substance abuse or their physical or mental health to interfere with their responsiveness to their children's needs. They believe that all parents should be able to access external networks of support to ensure that their personal problems do not interfere with their meeting their children's emotional needs and providing them with resources. The networks of support are mentioned in Section 2.4 as elements of social inclusion, more specifically services and crisis services.

Seeking help when necessary was something the parents/ primary caregivers did, albeit that this meant that they only turned to family or friends, rather than professional help. For Dudu (PPC) this was easy, because she had a supportive mother that she lived with: *"When I had problems with the father of my child I used to speak with my mother. She was the one who used to comfort me... Mostly, any problem I have I speak with my mother."*

Josie (PPC) did not have a mother, but identified another relative as one she could turn to for support. However, she noted that this was not always a suitable option: *"Sometimes I go to my aunty."* She then said: *"There are things that you can't talk*

about... they are deep inside. And sometimes I can talk about some of those things with my friend... For me it seems like it is too much to get professional help... Sometimes when I want help I don't know where to get it, even though I want it. Most of the time, my problems never get that big, that I really need professional help!"

Being a foreigner and separated from her family, Carol (PPC) lacked an in-tact support system to turn to, as evident in her narrative, which made her turn to an older, respected community member: *"I think a parent needs to go to... it depends. Maybe you have parents, you have sisters, your pastors in your community. We have Auntie Elsie here (an informal community champion living in her neighbourhood). She can help, because I got no one else that I can turn to. I don't have family here. I want to have someone who I can go to. She is an older person who can help me, because she has been a mother."*

Seeking help from others was not easy for Faith (PPC): *"Sometimes I have to hide some problems. I have to sort it out by myself. Me, and my husband. No one else can."*

Similarly, turning to others with personal problems was not easy for parents/ primary caregivers living in Welbedacht East according to Vuyi (PPC): *"I think that we here get help from one another if we need it... What can I say? Most of the parents they don't ask for help... and they just feel that they have to figure it out on their own. Well it is just kinda okay to try and figure it out on your own. But it is also okay to ask for help, but no one here really does that. It makes it kinda hard then... I don't think anyone goes for help. They just do everything on their own... They are too proud and they don't want others to know that they have problems. Some of them will be saying this about them, 'Oh you can't run your family properly. You can't run your children properly'. They worry what others will say and think about them. They just go ahead and try to do things on their own without finding out how they can do it better. You normally need help... my friend... we were schooling together at the same school... when she fell pregnant she was actually raped. And then she fell pregnant by this unknown person... and she needed counselling. She needed every care and stuff and her counsellor was very nice to her. She would come every week and come and check on her and in school find out by the teachers how she is doing. Find out if she needs to catch up on work. She started picking up because her situation was very, very hard."*

Ethel (PPC) used an example of what she did when she needed help: *"Auntie Elsie sent me to those people who are in Unit D on the main road... By Westcliff (referring to a welfare agency). She did send me to somebody. The girl's name is Jennifer. I did go*

and speak to her. It was just one time that I went. I find it easier to speak to Aunty Elsie." She found it more helpful to turn to an older, respected member of the community for help than to seek professional help.

Angel (PPC) explained the danger of not getting support for serious matters, such as domestic violence: *"...sometimes the parents are having a bad relationship with each other. So one will hit the other one. Then the partner who does the hitting will tell the other one that they mustn't go to the police to sort out the problems, or they mustn't go to the Child Welfare, or else they will get killed and all that... They (referring to the perpetrator) will just carry on doing these things."*

Seeking help from the welfare system was seen as opening up parents/ primary caregivers to unfair judgement by service providers. Rekha (PPC) shared in this regard: *"Mainly when you go to welfare organisations in this area, it's like you are a bad parent then. You are regarded as a bad parent. The social workers don't understand why you allowed the problem to happen."*

It was concluded by most of the participants that seeking help from others was challenging. When they did, they mostly turned to friends, family members, or a respected older person in the community, rather than professionals. Parents/ primary caregivers shared their embarrassment of not being able to resolve their difficulties on their own; they feared judgement from others, retaliation from those who may have harmed or threatened them, and that engaging with professional services would expose them to the statutory system and lead to their children being removed from their care. Professional services were not locally situated, nor well-advertised. This may explain why these services were not well-used. One participant mentioned a person using crisis counselling which, given the high incidence of child sexual abuse, domestic violence, and rape that were discussed throughout the interviews, suggested that few parents/ primary caregivers in Welbedacht received assistance to deal with trauma.

There were several foundational parental competencies, as discussed in the literature on 'good enough' parenting, that the parents/ primary caregivers did not mention. These included the ability of parents/ primary caregivers to demonstrate concern for others, developing a relatively good self-concept, and being open to suggestions on how to enhance their parenting practices (Johnson et al 2014:114). Nor did they mention parental foundational cognitive indicators as recommended in the Parent Competency Model, such as acquiring a basic knowledge of healthcare, parenting, maths, and reading (Johnson et al 2014:113).

Summary of Part 1.1 of the findings

The theme of Part 1.1 of the findings presented the analysis of the parents'/ primary caregivers' perceptions and practices of 'good enough' parenting. Their responses were arranged according to the four domains of child well-being: physical health, development and safety; psychological and emotional development; social development and behaviour; and cognitive development and education (CFCW, in Lippman et al 2009). A fifth domain was also included, namely parental foundational competence. The 'good enough' parenting categories, as supported by the Welbedacht East parents/ primary caregivers, were presented under each of these domains supported by narratives from the interview transcriptions. Their perceptions of 'good enough' parenting indicators were tabulated and discussed, providing personal examples or examples of other local parents to explain why some of these indicators were not easily attainable for parents living in their neighbourhood.

5.3 PART 1.2 OF THE FINDINGS: THE COMMUNITY CHAMPIONS' PERCEPTIONS OF THE INDICATORS OF 'GOOD ENOUGH' PARENTING

The community champions' perceptions of the indicators of 'good enough' parenting are presented to strengthen the information gathered from the parents/ primary caregivers. The discussion is structured using the four domains of 'good enough' parenting as used in the previous theme, the parents'/ primary caregivers' perceptions of what the indicators of 'good enough' parenting are. These are: physical health, development and safety; cognitive development and education; psychological and emotional development; and social development and behaviour. The community champions made no mention of indicators related to the foundational competence of parents/ primary caregivers in response to the question of what they considered to be indicators of 'good enough' parenting. The discussion commences with the community champions' descriptors of 'good enough' parenting as related to the physical health, development and safety of children. Cross references as discussed in Part 1.1 of the findings, the parents'/ primary caregivers' perceptions and practices of 'good enough' parenting, namely Section 2.4 (social inclusion theory) and Section 2.6 (bioecological circles of influence and their impact on parenting) in Chapter Two, have equal relevance to the discussion of Part 1.2 of findings. Equally relevant are the themes referred to from Chapter Three: Section 3.4.1.1, 'good enough' parenting, particularly the scholarly works consolidated in Table 3.2 and 3.3. References to these sections will not be repeated to minimise repetition.

The first group of indicators mentioned by the community champions were related to the sub-theme of physical health, development and safety.

5.3.1 Sub-theme 1: Physical Health, Development and Safety

The indicators of 'good enough' parenting that the community champions mentioned under this domain included taking care of the child's basic needs, such as offering the child shelter, satisfying the child's hygienic needs, and providing nutrition; taking care of the child's health needs; ensuring the child's safety; planning for the child's future; and creating some routine in the child's life.

Table 5.10: Community champions' indicators of 'good enough' parenting related to the physical health, development and safety of the child

Community champions' indicators of 'good enough' parenting: Physical health, development and safety of the child
Provides for the child's basic needs: shelter, hygiene and nutrition
Takes care of the child's health needs
Ensures the child's safety
Plans for the child's future
Establishes routine

Each of these categories will be discussed referring to quotations extracted from the interviews conducted with the community champions, commencing with their perceptions about parental responsibility for the child's basic needs.

- **Provides for the child's basic needs: shelter, hygiene and nutrition**

There were several community champions that noted that some parents in Welbedacht East took care of the basic needs of their children, despite their hardships. One was Sara (CC), who noted: *"... we can talk about what parents here do. Because they have homes, basic care and, like, food. Yes, they do provide for their children."*

Dina (CC) too observed that those who were 'good enough' parents demonstrated their concern about the following: *"They make sure that the child's basic needs are met. The child is in a secure environment, is supervised, even if the mum is working. That there is food for the child to eat, they are able to meet the child's hygienic needs or health needs, and the child knows where he belongs in the family."*

A more comprehensive reference to 'good enough' parenting was presented by Zanele (CC), who expanded on the other two explanations, referring to those parents who provided holistic care for their children: *"I think 'good enough' are those parents who are able to provide for their children in terms of clothes, meals, as well as all the child's needs, physically and psychologically."*

The next indicator of 'good enough' parenting related to the physical health, development and safety of children, as mentioned by the community champions, was maintaining the child's health needs.

- **Takes care of the child's health needs**

Zanele (CC) emphasised attending to the child's health needs: *"Their health needs must be taken care of. Parents must be sure that the children are healthy and they take them to the clinic or doctor when they are sick... and for check-ups too."* Her view was endorsed by Karima (CC) who noted that some of the local parents did this: *"I see some of them taking the child to the clinic."*

It was further supported by Pravi (CC), a nurse, who referred to the 'good enough' parents in the community who acted on the referrals from their child's school to take their child to the clinic to investigate presenting health issues. This is what she shared: *"If the teacher calls the parent and reports that the child is not well, then they bring them to us."*

Safety was mentioned as the next indicator of 'good enough' parenting.

- **Ensures the child's safety**

Safety is one of the three indicators of 'good enough' parenting emphasised by North (2013:25). The community champions expanded on what the parents/ primary caregivers had shared to emphasise the importance of protecting the child from the dangers of traffic, household accidents, and people in their own homes who were threats to children in terms of sexual and physical abuse when parents/ primary caregivers were not vigilant enough.

Mary (CC) shared that those who were 'good enough' parents recognised that the child's safety should be a priority: *"First of all, on top of my list is, because we got more children that are getting sexually abused, is that these mothers watch the safety of their children. It can be a partner. Don't trust your partner so much that you neglect the safety of your child."*

Karima (CC) emphasised that those who were 'good enough' parents tried to protect their children from any form of abuse: *"There must be no signs of abuse. The parent will check to see that the child doesn't have any marks or signs of abuse."*

Attention to the general supervision of their children was mentioned by Dina (CC): *“Also, ensuring safety and monitoring the child, meaning that the child must be supervised even if you do not think that the child needs supervision. Parents should always supervise their children... Also, what the child is doing at home. Maybe you are busy cooking. And maybe the child is playing with something. Maybe a chopped object that you never noticed and the child may slit the finger, you know.”*

The community champions’ perspectives were consistent with both the indicators of ‘good enough’ parenting and child well-being (CFCW, in Lippman et al 2009:20; Choate & Engstrom 2014:371; Johnson et al 2014:116). They emphasised the need for vigilant parental monitoring to avert dangerous incidents, such as accidents, threats, and abuse. Community champions overlooked some dangers mentioned in literature, such as children’s exposure to violent and/or sexual media, or unsupervised play, even though in later discussions with the community champions these featured prominently. Monitoring dangers associated with substance abuse, which was reported by parents/ primary caregivers in their responses to other questions as a major community problem, was not mentioned as a risk that parents/ primary caregivers appeared to guard their children from.

Planning for the child’s future was proposed by community champions as one of the indicators of ‘good enough’ parenting.

- **Plans for the child’s future**

The majority of parents in Welbedacht East were living in poverty. For the community champions, those who were ‘good enough’ parents were those who tried to build some financial cushion to allow some economic stability for their children and eventually ensure that some of the children’s long-term goals would be met. The community champions explained that children needed parents who had some financial acumen on how to plan for the long-term material needs of children.

Betty (CC), a resident of Welbedacht East, used herself as an example: *“We will make sure that the little bit of money will cover all that is needed to be covered... school, transport, food in the house... um... see that their uniforms are presentable to go to school and equip the child with appropriate uniforms.”*

One of the social workers, Anna (CC), shared that some foster mothers she worked with made financial plans for the long-term needs of the children in their care: *“For instance,*

I have a client who tries... I don't know how she can do it for the children who are under her foster care. She is making sure that one child will have the house, so that when he is grown up, he will have a place to be, which is a good thing for the future of the child..." She further shared that there were other financial efforts that the foster care mothers made in the interest of their children: *"Most of them, most of them have stokvels. And they have funeral covers, and some other insurances."*

However, Mary (CC) noted that there were many who could not even afford basic food for their children and depended on assistance from others such as herself: *"I can say that about 55 per cent, like in my knowledge, provide the basic care... It is about bathing the child, keeping the child clean. Ok, food... food... we got to help the children. Most of the time they go hungry, especially in the middle of the month when the money is finished."*

Perhaps this is what motivated Elias (CC) to suggest that a 'good enough' parent was one who was employed. He said: *"A good enough parent should be a parent who is working... I think working means to me that they have a regular income."*

The perspectives of the community champions on this score were similar to those shared by the parents/ primary caregivers. It was acknowledged that living in impoverished circumstances compromised the parents'/ primary caregivers' ability to satisfy their children's basic needs. Steady employment and/or adequate social security, as well as support from others, were needed to provide suitable housing for their children, secure reliable childcare, educate their children, and provide the resources needed to stimulate their children's cognitive, social, and physical development (CFCW, in Lippman et al 2009:23). Many did not have these resources, but some of the parents/ primary caregivers developed strategies to satisfy the long-term material needs of their children. These included participating in *stokvels*, using their state subsidised homes as security, and taking out funeral and insurance policies. On the other end of the spectrum though, parents/ primary caregivers relied on others in the community to donate food to feed their children.

Parental responsibility for developing a daily routine in their homes for the benefit of their children was mentioned by community champions as a further indicator of 'good enough' parenting.

- **Establishes routine in the child's life**

Creating routine in the child's life was considered as something that a few parents/ primary caregivers in the community achieved with good effect. A few community champions shared examples of the value of parents/ primary caregivers achieving this.

Anna (CC) noticed that some parents/ primary caregivers created routines: *"I think some parents do create some routine. Some of the children know that 'by this time I need to be home'. 'When I get back from school, I come back and I take care of my stuff. Then I can go outside, and by five o'clock I must get back inside the house. I have to be inside the house doing my homework'."*

A resident parent of young children in Welbedacht East, Grace (CC), explained that she had been taught the value of creating routine in the lives of children by her next-door neighbour. She had subsequently created some structure in the daily routine of her family: *"I saw another person doing this and I thought, 'Wow. I can learn from this'. I learned from the girl down there (pointed to her neighbour's house). I learned that her children go to bed at six o'clock. And then I said, 'Ok, you have to set times also.' I began to do that as well. I thought, 'Ooh, my children are a problem'. I had not noticed that before. Now six o'clock they have to be in the house watching TV, doing their homework. After that, they cannot watch TV. It goes much better!"*

The value of parents creating routine and structure was acknowledged by these community champions in that it helped to increase parental control and assisted children to develop healthy life patterns. The works of Johnson et al (2014:120), Jones (2013:170), North (2013:25), and Woodcock (2003:95) advocate for routinised and consistent physical care for children to develop eating, exercising, and sleeping patterns needed for healthy child development.

Essentially, the community champions proposed that the main tenets of 'good enough' parenting as related to the physical health, development and safety of children included parents providing adequate food, shelter and medical care for the child, as well as taking care of the child's hygiene needs, as consistent with the indicators of adequate parenting (Choate & Engstrom 2014:371; Houghugh & Speight 1998:294; Kellett & Apps 2009:27; North 2013:25; Seay et al 2014:204; Woodcock 2003:95). Securing the safety of children was mentioned extensively, particularly as a measure to circumvent any physical and/or sexual child abuse, and protect children from road and household accidents or dangers. The management of financial resources was recognised as important for satisfying the material needs of children

and needed parents/ primary caregivers to be able to pay for transport to and from school, school fees, and school uniforms. Some parents/ primary caregivers had formed *stokvels* and/or taken out funeral cover and insurance policies to this end. The last ‘good enough’ parenting indicator identified by some community champions was for parents/ primary caregivers to set daily routines for children in the home (Weisner 2010:211-212).

The difference between the community champions’ explanations and scholarly examples of ‘good enough’ parenting, as discussed in Section 3.4.1, related more to the standards or degree to which each of these were performed in the community. For example, in contrast to a literary indicator of ‘good enough’ parenting, community champions made reference to feeding children rather than meeting the basic nutritional standards as required by children (Johnson et al 2014:118). The indicators that they did not identify or use to describe ‘good enough’ parenting were: setting boundaries (Hoghughi & Speight 1998:295; Johnson et al 2014:119) and pre-arming children with risk-reducing information which could have protected them from substance abuse, which was a major community threat (Choate & Engstrom 2014:371; Johnson et al 2014:119). Besides the difference mentioned above, their perceptions of ‘good enough’ parenting and the examples they provided of ‘good enough’ parenting indicators were fairly consistent with the literature reviewed.

Table 5.11: Comparison of the parents’/ primary caregivers’ and community champions’ categories of ‘good enough’ parenting indicators for the physical health, development and safety of the child

Parents’/ primary caregivers’ indicators of ‘good enough’ parenting	Community champions’ indicators of ‘good enough’ parenting
Provides the child with a place to stay	Provides for the child’s basic needs: shelter, hygiene and nutrition
Maintains the child’s hygiene	
Provides the child with good nutrition	
Takes care of the child’s medical needs	Takes care of the child’s health needs
Maintains the child’s safety	Ensures the child’s safety
Plans for the child’s future	Plans for the child’s future
Establishes a daily routine	Establishes routine
Understands children’s rights	-

The difference between the community champions’ explanations of ‘good enough’ parenting and those of the parents/ primary caregivers was that the parents/ primary caregivers included an additional category, namely parents being knowledgeable about children’s rights. Secondly, the parents’/ primary caregivers’ descriptions and examples of ‘good enough’

indicators were more detailed and included their explanations on why the indicators, whilst considered important, were not always easy for parents/ primary caregivers to achieve. These concurred with the contextual factors as discussed in Section 2.6, in the discussion of the bioecological circles of influence that impacted on parenting.

The community champions further measured 'good enough' parenting against several psychological and emotional parenting indicators.

5.3.2 Sub-theme 2: Psychological and Emotional Development

Section 2.6.1 emphasised the relevance of a positive proximal relationship between parent and child, but also noted the multiple contextual factors that threatened this proximal relationship, many of which resembled the structural factors that the research participants spoke about that were evident in Welbedacht East. Table 3.2 and 3.3 consolidated the literary reviews of 'good enough' parenting indicators. The CFCW as developed by UNICEF (Lippman et al 2009:21) suggests that the promotion of the child's psychological and emotional development is a multi-faceted effort to increase the child's sense of happiness, well-being and satisfaction with life; direct the child towards self-management and autonomy; foster the child's sense of personal power; instil hopefulness in the child; and develop their spirituality. The quality of the parents' interactions is relevant to more than just the child's emotional and psychological well-being. It strongly influences the child's development in other domains, namely social, cognitive and emotional development (Budd & Holdsworth 1996:9)

In terms of the psychological and emotional development of children, the community champions regarded 'good enough' parents as those parents who demonstrated love, built the child's trust and communicated with them, and created a healthy home environment that offered the child's life stability.

Table 5.12: Community champions' indicators of 'good enough' parenting related to the psychological and emotional development of the child

Community champions' indicators of 'good enough' parenting: Psychological and emotional development of the child
Shows the child love and acceptance
Shows understanding/ talks to the child
Creates stability in the child's life
Promotes the child's spiritual development

The community champions' narratives as relevant to the indicators of 'good enough' parenting relevant to the psychological and emotional well-being of the child commences with the importance of the expression of love and parental demonstrations of acceptance of the child.

- **Shows the child love and acceptance**

Warmth, closeness, and support from parents are relevant to the overall psychological and emotional well-being of children. They contribute to the child's self-management, personal agency, confidence, optimism and resilience, and sense of purpose (CFCW, in Lippman et al 2009:20-21). Demonstrations of love and care (Hoghughi & Speight 1998:294), emotional responsiveness (Woodcock 2003:95), verbal utterances and caring actions (North 2013:25), and high levels of nurturing (Choate & Engstrom 2014:371) are specific parenting practices as identified by different scholars required to achieve this indicator. The community champions' perceptions of the indicators of 'good enough' parenting appeared to confer with these scholarly parenting indicators.

It was suggested by Lindiwe (CC) that 'good enough' parents paid attention to their children's emotional needs in several ways: *"Good enough parents are those who are concerned about their children's well-being. They take the necessary actions as a parent. They are the protector of the child. They wish good things for them... they have love for the child and show it. The child needs affection from someone, even another relative."*

Commenting on the primary caregivers who were not the biological parents of the children in their care, Thoko (CC) said that if they were 'good enough' primary caregivers, they would: *"Treat the children, like, the same. Even if it is not their biological child, they just make sure that they give love to the child."*

For Mary (CC), expressions of love towards the child would help to compensate for the debilitating financial situations that the children were born into. She explained the attitude that the 'good enough' parents would demonstrate towards their child: *"They accept that they have this child and a responsibility for this child. They are the only hope for this child. The child trusts in them, relies on them for everything. It does not matter that they are not rich. They don't need to have everything. But they meet the needs of the child emotionally. They give enough love to the child."*

The community champions' indicators of this category strongly resembled the nurturing described by Johnson et al (2014:118), emphasising the value of parental expressions

of warmth, demonstrations of affection and interest, and sensitive responses to the child. As reflected in Mary's (CC) quotation and identified in literature, when children experience parental love it is a powerful means of bolstering the child's adaptation to their challenging life circumstances (Schofield et al 2014:977).

Nurturing actions were further suggested by community champions as parental acts that needed to be carried over into parent-child communication, which was proposed by some to be another indicator of 'good enough' parenting.

- **Shows understanding/ talks to the child**

'Good enough' parents are those who create a space where the child is able to express emotions. They demonstrate empathic understanding that enables the child to express the difficulties that they are experiencing (Johnson et al 2014:117). The community champions agreed and identified parental empathic communication as one of the indicators of 'good enough' parenting.

As noted by Fikile (CC), this kind of communication could be identified when the parent could: *"... from time to time be like a friend to the child so that the child can actually trust the parent and talk to the parent about everything."*

Being in touch with the child's experiences was important for monitoring the child's well-being and could only be done if the parent-child relationship was a good one according to Zanele (CC): *"...the parents must know their children. If something is happening to their children they must be able to identify that something is happening... Because if they don't know, they won't be able to see that there is something going on. They need to have a good relationship with the children for them to share."*

Lindiwe (CC) noted that 'good enough' parents were those who were less critical of their children when they made mistakes, which then reinforced their children's trust in them and helped the child become more trustworthy: *"Even when the child does something wrong, the parent is willing to forgive the child, is willing to talk to the child, to let the child talk while they listen. Parents must be willing to ask about everything. Ask the child, 'How was school?' That shows that the mother is concerned. When there is talking the mother can tell when things are wrong and then she can help the child bring it out into the open and deal with it. Talking builds trust. That helps the child grow into a trustworthy person, and that is good."*

This was echoed by Karima (CC) who spoke of the value of a child opening up to the parent, rather than turning to others outside the family which, more often than not, opened the child up to the negative influences of others: *“They must feel free to speak to the parent. The parent can give them guidance. It is better for the child to have the parent as a friend, rather than someone outside.”*

The behavioural anchors mentioned by Johnson et al (2014:117) were referred to by the community champions. They were identified as important factors that helped to facilitate the qualitatively unique relational space between the mother and child as discussed in Winnicott’s theory (Ramaekers & Suissa 2012:83; Winnicott 1960:594).

Commensurate with positive parental empathic understanding and parent-child communication was the ‘good enough’ parenting indicator identified by community champions of earning the child’s trust.

Developing the child’s trust was proposed by Jay (CC), one of the community champions, as one of the indicators of ‘good enough’ parenting: *“They make sure that the child doesn’t fear them, that they are not scared of them. When anything happens to the child, the child must feel free to talk to the parent. Once the child starts to be scared of the parent, the problem starts. They must trust the parent.”* Whilst Jay (CC) did not mention exactly how the parents should develop that trust, he felt strongly about its importance.

Consistent with trust is the ability of the ‘good enough’ parent to create stability in the child’s life.

- **Creates stability in the child’s life**

Modern scholarly works note that the trust mentioned in the foregoing category can only be achieved when there is consistency in the parent-child relationship, acceptance of the child’s personal characteristics by the parent, parental willingness to listen to the child without judgement, and a home life that is free from interpersonal violence (Choate & Engstrom 2014:375; Johnson et al 2014:118; North 2013:25). These are known to create continuity and stability in the child’s life. According to North (2013:25), one of the three indicators of ‘good enough’ parenting is the ability of a parent to provide the child with levels of care that they can depend on receiving.

For Mary (CC) this implied the parent's ability to provide a healthy environment for the child to grow up in. Her perspective was that could only be attained if the parent approached parenting holistically: *"The child needs to be brought up in a healthy environment. The child must grow a healthy mind, healthy emotions... spiritually. In everything... body... physically"*.

As suggested by Sarah (CC) this was linked to 'good enough' parents creating a sense of stability in their children's lives. She used herself as an example: *"I felt that my children needed roots... they needed to know that a person needs stability. That stability lets them know, 'even though we are in this situation now, at this moment... this is not the end'. This stability gives your child wings. It allows them to say, 'you know what, I can rise above this situation. I am better than that'. That is what stability instils into that child."*

Mary's (CC) perspective was consistent with scholarly indicators that underscore the importance of parents being constantly available to facilitate the child's physical, emotional, social, and intellectual development (Choate & Engstrom 2014:371; Hoghughi & Speight 1998:294; Kellett & Apps 2009:27; Woodcock 2003:95). This may require their willingness to make use of external networks of support to access the resources to do so (Choate & Engstrom 2014:371). Stability in the home was recognised as offering children a foundation of security that allowed them to hope for better outcomes at a later stage.

Linked to this idea of hope for a better outcome was the community champions' notion that developing the child's spirituality was also an indicator of 'good enough' parenting.

- **Promotes the child's spiritual development**

The CFCW (Lippman et al 2009:23) mentions the value of children belonging to community organisations, such as religious organisations. The framework details how spiritual and philosophical belief systems can positively or negatively impact on the child's well-being. When positive, it allows the child to develop a sense that their life is meaningful and they are connected to a larger order of being, which motivates them to strive towards self-actualisation or a state of grace (Lippman et al 2009:21). This is further mentioned by Crawford (2011:25).

Lindiwe (CC) proposed that 'good enough' parenting was possible for those who had internalised religious values. This is what Lindiwe (CC) noted: *"There are those with*

good qualities. These are those who are active Christians who have been taught values through religion. This plays an important role in improving parenting in the community."

There were others who shared this perspective, namely Fikile (CC) and Grace (CC). Fikile (CC) shared that church attendance became a shared parent-child activity for the 'good enough' parents in the community: *"I've seen when parents go to church on Sunday, those that go, go with their children. I would say that half the community goes to church on Sundays... Half goes and the other half, they just drink."*

Grace (CC) explained why 'good enough' parents encouraged their children to participate in various religious activities, not just Christian ones: *"Most of the parents in Welbedacht, they like to see their children get involved in some religion that will teach them. That will keep them safe... and most of the parents, I see them pushing their children to go to church. They are pushing to the Ashram. They are pushing because you know wherever the children are and there is a spiritual leader, they will teach the child. They know what is right and what is wrong."*

The community champions' suggested 'good enough' parenting indicators, although fewer than those outlined by the scholars that were referred to on this subject (Bywater & O'Loughlin 2016:78; Choate & Engstrom 2014:368; Johnson et al 2014:118; Jones 2013:170; Woodcock 2003:93-98), were fairly consistent with the main tenets that they discussed. These scholarly references can be referred to in Table 3.2 and 3.3 in Chapter Three. They emphasise the importance of parents offering their children support and love. Such support is reported to enable children to cope with threats and stress (Al-Hassan 2009:27; Eve et al 2014:116; Woodcock 2003:93). This is further endorsed by Hoffman (2010:385), who states that when children are helped to achieve a high enough level of psychological and emotional security through parental love, family organisation, routines, and assistance from parents to regulate their emotions, their resilience is cultivated. This insight is very important for Welbedacht East, where many families live in poverty and have limited capacity to control negative life experiences that affect their lives. Positive parent-child communication and parental understanding were popular 'good enough' parenting indicators identified by the community champion group. The community champions recognised that it was the responsibility of parents to create stability in the lives of their children. They further emphasised the importance of parents/primary caregivers helping children to develop a positive outlook and nurture their hope. This further explained why they recommend that 'good enough' parents should develop the child's spirituality, because this was seen as a meaningful adaptive response to the

harsh contextual realities that could be so disempowering and demotivating (Bornstein, mentioned by Johnson et al 2014:97).

Table 5.13: Comparison of the parents'/ primary caregivers' and community champions' categories of 'good enough' parenting indicators for the psychological and emotional development of the child

Parents'/ primary caregivers' indicators of 'good enough' parenting	Community champions' indicators of 'good enough' parenting
Shows the child love and affection	Shows the child love and acceptance
Shows understanding/ talks to the child	Shows understanding/ talks to the child
Engages in parent-child play	-
Builds the child's self-confidence	-
Understands the child's unique personality	-
Creates stability in child's life	Creates stability in the child's life
Promotes the spiritual development of the child	Promotes the child's spiritual development

The parents/ primary caregivers presented more indicators as relevant to the emotional well-being of children, emphasising the importance of play, which the community champions did not include, and added building the child's self-confidence and accepting the uniqueness of each child.

The community champions further recognised the connection between parental promotion of the cognitive development and education of children and 'good enough' parenting.

5.3.3 Sub-theme 3: Cognitive Development and Education

Educational attainment, academic achievement, critical thinking, positive attitude towards learning, and school engagement are constructs that the CFCW (Lippman et al 2009:20) associates with the cognitive and intellectual well-being of children. Accordingly, 'good enough' parents are expected to ensure that the child receives educational instruction and encourage their children's participation and engagement in learning (Crawford 2011:24; Johnson et al 2014:116).

The community champions recognised that 'good enough' parents were those who considered the education of their children as important, enrolled them in school at an early age, and were willing to make financial sacrifices to achieve this. They believed that parents/ primary caregivers had an active role to play in promoting the child's academic progress, such as

monitoring his/her school performance, supervising homework, and stimulating the child through play.

Table 5.14: Community champions' indicators of 'good enough' parenting related to the cognitive development and education of the child

Community champion's indicators of 'good enough' parenting: Cognitive development and education of the child
Ensuring the child's school attendance
Monitors child's school progress and assists with homework
Stimulates the child's intellectual development through play

The views of the community champions related to these sub-themes are reflected in the narratives that were selected from the transcripts. The first category to be discussed in this sub-theme refers to the 'good enough' parenting indicator which expects parents to ensure that the child is properly educated.

- **Ensuring the child's school attendance**

The value of education was underscored by the community champions, which they presented as something that the parents have to drive. For example, Vihaan (CC) emphasised: *"Well of course education would be the main key. The parent must make sure that the child is educated."*

His perspective was supported by Jay (CC), who described 'good enough' parents saying: *"They are the ones that make sure that their children attend school."*

'Good enough' parents were portrayed as those who recognised the benefits of enrolling the child in school as early as possible, as reflected in Dina's (CC) comment: *"They (referring to the 'good enough' parents) are the ones that ensure that if the child is of school going age, even ECD age, they need to enrol the child in play school. Like that."* Whilst she did not offer an explanation as to why this is important, there is evidence that quality early child education positively promotes the mental health of children, raising the child's self-esteem and sharpening their problem solving skills (Atilola 2014:4). These are critical to the child's mental health (Atilola 2014:4). Enrolment in early education usually augments parental care, and offers children additional nutrition and access to healthcare (Atilola 2014:3)

The economic conditions of parents and the family structure impact on the child during early childhood, especially in terms of their ability to invest in their children's education (Sewpaul & Pillay 2011:294). A single parent living in a LSEE finds it harder to make adequate financial provision for the child's education, which results in poor educational outcomes. The child's school attendance is affected, the parent has no choice in the quality of school that the child will attend, and limited money is available for school requirements such as stationary and school uniforms (Sewpaul & Pillay 2011:294). The community champions alluded to the sacrifices that parents/ primary caregivers had to make in this regard. Irrespective of the hardships that some parents/ primary caregivers suffered, Zanele (CC) noted the 'good enough' parents were those who made financial sacrifices to educate their children: *"Because they are taking children to crèches, even though most of them are not working. They may not have decent work, but they are able to provide for their children... they are trying."*

It was noted that 'good enough' parents involved greater parental engagement and support in the child's academic progress, such as monitoring and supporting children to complete their homework.

- **Monitors the child's school progress and assists with homework**

According to the community champions, parents/ primary caregivers had a role to play in the educational success of their children which demanded that those who were 'good enough' parents would actively monitor their children's school progress and assist them with their homework.

Karima's (CC) narrative illustrates this: *"The parent needs to monitor the child... at all times, like going to school, checking that their work is done. They must make sure that the homework is done."*

Jay (CC), too, emphasised parental responsibility for attending to the child's homework: *"On that education thing, the parents must help their children to do their homework."*

Scholarly works on 'good enough' parenting generally acknowledge the importance of parental responsibility for monitoring the completion of academic tasks at home, as this helps to ensure positive academic outcomes (Bywater & O'Loughlin 2016:77; Johnson et al 2014:103, 107).

A further ‘good enough’ parenting indicator identified by some community champions was the willingness of parents/ primary caregivers to stimulate the cognitive development and education of children through different forms of play.

- **Stimulates the child’s intellectual development through play**

The final contribution related to the cognitive development and intellectual stimulation of the child was made by Dina (CC). She proposed that ‘good enough’ parents would take time out to stimulate their children through play: *“They must also ensure that the child has appropriate toys or play equipment to learn.”*

Behavioural indicators as reflected in literature that did not emerge in the comments of the community champions were: parental responsibility for stimulating the child’s speech, playing and reading to the child, and becoming an active partner in the child’s schooling (Al-Hassan 2009:27; Johnson et al 2014:117; Seay et al 2014:204). The community champions’ narratives did not link their ideas of parental practices to constructs motivated by the CFCW (Lippman et al 2009:20), such as fostering the child’s academic self-concept, engaging the child in critical thinking, or expanding the child’s life skills.

Table 5.15: Comparison of the parents’/ primary caregivers’ and community champions’ categories of ‘good enough’ parenting indicators for the cognitive development and education of the child

Parent/ primary caregivers’ indicators	Community champion’s indicators
Understands child’s developmental stage	-
Ensures school attendance	Ensuring the child’s school attendance
Forms a home–school partnership	Monitors child’s progress and assists with homework
Stimulates the child’s intellectual development	Stimulates the child’s intellectual development through play
Takes the child to interesting places	-

The main differences that were noted between the two participant groups were that the community champions made no reference to the importance of parents’/ primary caregivers’ understanding the child’s developmental stages, nor did they mention the need for parents to take children to interesting places to stimulate their intellectual development. Instead, some recommended that ‘good enough’ parents would invest in toys to stimulate the child intellectually. A further difference was that the community champion group was more definite about the importance of enrolling the child in early child education before the compulsory school enrolment age. Their explanations of parental responsibility for monitoring the child’s

school performance and supporting the child in doing homework appeared to be more definitive than those presented by the parent/ primary caregiver group.

The community champions' perspectives about the responsibilities of 'good enough' parents to ensure the healthy social development and positive behaviour of children was discussed briefly.

5.3.4 Sub-theme 4: Social Development and Behaviour

According to the CFCW (Lippman et al 2009:21), one of the domains of child well-being relates to socialising the child to be able to develop positive relationships with family, peers and educators, and promote their acceptance by others. The framework recommends that children require a sense of belonging, participation in extracurricular activities, opportunities to participate in wider community activities, and an ability to become a positive cooperative group member without offending others (Lippman et al 2009:22). In order to function socially, children need to have a moral compass, internalised social values, and social and cultural intelligence (Lippman et al 2009:21). Parenting is a primary agent for developing the child socially and instilling socially appropriate behaviours. The Parent Competency Model (Johnson et al 2014:120) identifies several parenting indicators characteristic of 'good enough' parenting, which include: creating positive opportunities for children to socialise with others; assisting them to develop friendships with peers who offer a positive influence; guiding them to convey respect and courtesy towards others in all social interactions; parental modelling of such behaviours; endorsing and inculcating the family's cultural practices; promoting the child's participation in organised activities outside the home; and developing their conflict management skills.

The community champions included fewer of these behavioural anchors in their descriptors of 'good enough' parenting. Theirs were more general and included: developing the child's prosocial values; setting limits and using discipline appropriately; and engaging the child in sport.

Table 5.16: Community champions' indicators of 'good enough' parenting related to the social development and behaviour of the child

Community champions' indicators of 'good enough' parenting: Social development and behaviour
Develops the child's prosocial values
Sets limits and uses discipline
Encourages the child to engage in sports

Each of these are discussed using the community champions' narratives.

- **Develops the child's prosocial values**

Some community champions noted that 'good enough' parents took their responsibility for shaping their children's prosocial values seriously, as reflected in different literature sources (Eve et al 2014:116-120; Houghugh & Speight 1998:296).

Vihaan (CC) described the role of 'good enough' parents in developing the social behaviour of their children, emphasising their responsibility for developing their prosocial values: *"They take ownership of their children which comes with their acceptance that it is their duty to give their children a value base."*

Lindiwe (CC) supported this indicator saying: *"They teach them the good values."*

The community champions spoke generally about prosocial values, making no mention of manners or specific courteous behaviours that 'good enough' parents in Welbedacht East would teach their children. The topic of discipline as an indicator of 'good enough' parenting featured next.

- **Sets limits and uses discipline**

The use of discipline is mentioned as relevant for regulating children's behaviour so that they would conform to values that motivate positive social behaviours and was detailed in Table 3.3 in Chapter Three (Eve et al 2014:116-120; Johnson et al 2014:103; Seay et al 2014:204). This too was proposed by some community champions as a 'good enough' parenting indicator.

According to Zanele (CC), this involved setting reasonable limits and applying fair consequences when these were broken: *"Parents discipline them (the children) when they have done wrong... the kind of discipline that ensures that they won't do the wrong things again. But not too harsh, that they abuse the child. When the child does wrong he or she needs to be disciplined, so that they learn."*

Lindiwe (CC) emphasised that those who were 'good enough' parents disciplined with self-control: *"When their children behave badly these parents are careful not to respond badly. If they were to behave anyhow... without thinking... they may hurt the child for the rest of his life. They do not allow insults to become routine."*

Their perspectives acknowledged that discipline should never be punitive or abusive (Crawford 2011:25), but rather firm, reasonable, and consistent (Johnson et al 2014:115).

Engaging children to participate in organised activities with others is often associated with promoting the child's social development. Concomitant to this is involving children in sport.

- **Encourages the child to engage in sports**

The last suggestion of a 'good enough' parenting indicator as linked to the social development and behaviour domain referred to parents/ primary caregivers engaging the child in sports. One who mentioned this was Jay (CC): *"Good enough parents engage the children in sports. They see that their children need some kind of social development."*

This would have been difficult for the parents of Welbedacht East, as there were no recreational facilities or sports grounds.

Only three parenting indicators relevant to the child's social development and behaviour were discussed by the community champions as characteristic of 'good enough' parenting: developing prosocial values in children, setting limits and using discipline, and engaging children in sports. The first, developing prosocial values, was broad and may have included behaviours such as guiding the children to convey respect and courtesy towards others (Johnson et al 2014:120), but such behavioural anchors were not given. The second, setting limits and using discipline, was in keeping with scholarly indicators of 'good enough' parenting highlighting control and consistent limit-setting (Hoghughi & Speight 1998:294) and discipline that was fair and delivered in a respectful and emotionally regulated manner (Crawford 2011:25). The list of indicators they provided were fewer than those provided by the parents/ primary caregivers. In contrast, the parents/ primary caregivers had mentioned behavioural anchors, such as parents setting a good example for children, teaching children manners, developing their cultural identity, participating in organised activities in the community, and encouraging contact with family members who live outside the home.

Table 5.17: Comparison of the parents'/ primary caregivers' and community champions' categories of 'good enough' parenting indicators for the social development and behaviour of the child

Parents'/ primary caregivers' indicators	Community champions' indicators
Sets a good example for the child	-
Sets limits and uses discipline	Sets limits and uses discipline
Teaches the child manners	Develops the child's prosocial values
Develops the child's cultural identity	-
Participation in organised activities outside the home	Encourages the child to engage in sports
Encourages contact with family members outside the home	-

In summary, the understanding of 'good enough' parenting against which the community champions evaluated parenting practices was consistent with theory and included elements relevant to the physical health development and safety, psychological and emotional development, and social development and behaviour of the child, but did not refer to the foundational competence of parents. The community champions generally provided fewer indicators of 'good enough' parenting practices with fewer behavioural anchors than the parents/ primary caregivers had.

5.4 PART 1.3 OF THE FINDINGS: THE PERCEPTIONS OF THE QUALITY OF PARENTING PRACTICED IN WELBEDACHT EAST

Participants in both sample groups, parents/ primary caregivers and community champions, were asked to share their perceptions of what the general quality of parenting practiced in Welbedacht East was like. It was hoped that this question would indicate what the median of the quality of parenting was in Welbedacht East (Maxwell 2010:478). This information was needed for the second overarching research question, "What should a locally specific parenting support intervention entail?", to determine at what level the locally specific parenting support intervention needed to be pitched to strengthen parenting practices in Welbedacht East. Using the idea of a dimensional arrangement of the quality of parenting on a continuum and grouping parenting according to three levels as presented in the literature (Kellett & Apps 2009:30-31; Moran & Weinstock 2011:180; Widding 2015:45-46), namely 'bad' or 'risky' parenting, 'good enough' parenting, and 'good' or 'intensive' parenting, participants were asked to share their perceptions of what proportion of parents were represented at each of the three levels of parenting. The combined responses of parents/ primary caregivers and community champions are presented in this section.

Enumerating the quality of parenting proved to be difficult. Some participants opted not to assign percentage values or estimations to the three points on the continuum. Even though the allocated percentage values assigned by participants to the three levels on the parenting continuum differed, the exercise confirmed that parenting in Welbedacht East was of a mixed quality. Relatively few participants identified 'good parenting' in the community. Only three participants, a parent/ primary caregiver and two community champions, did so. A bigger group described parenting in Welbedacht East as 'good enough' parenting. This included three parents/ primary caregivers and three community champions. 'Bad' or 'risky' parenting had the most percentage values assigned by seven participants; four parents/ primary caregivers and three community champions. The question opened up a discussion on the quality of parenting, revealing the deep concern amongst both sample sets about the well-being of children living in Welbedacht East. The enumerated values allocated to each level of parenting on the continuum indicated that the community champions placed more parents/ primary caregivers in the 'bad' or 'risky' parenting group than did the parents/ primary caregivers. The parents/ primary caregivers placed more parents/ primary caregivers in the 'good enough' category than the community champions had.

The different positions reflected by participants will be shared, commencing with 'good' parenting, then 'good enough' parenting, and ending with 'bad' or 'risky' parenting.

5.4.1 'Good' Parenting

Even though scholarly works note that the distinction between 'good enough' parenting and 'good' parenting is unclear (Eve et al 2014:114; Kellett & Apps 2009:46; Taylor et al 2009:1181), there are some characteristics that describe 'good', or what is commonly referred to as 'intensive', parenting. Parents who qualify to be placed in this category are recognised as those who: make their children their first priority, are self-sacrificing, can guarantee that they can provide for the child's basic needs on a daily basis (physical, emotional, safety, discipline, and cognitive), fulfil the child's more complex long-term needs such as preparing for the child's future, and create a consistently stable and secure environment for the child to grow up in (Eve et al 2014:115).

Participants' responses reflected that relatively few parents/ primary caregivers in Welbedacht East qualified as 'good' parents. Those who conceded that certain parents in Welbedacht were the exception and deserved the title were two were parents/ primary caregivers and three community champions.

Participants	Quotations
Rekha (PPC)	<i>You can say like 70 per cent of it is like bad and then 30 per cent is good... It's either like they are bad towards their children or they are good towards their children."</i>
Anna (CC)	<i>"These parents make sure that their children will achieve in life."</i>
Grace (CC)	<i>"You see most of the people are here (points to bad parenting). But some are here (points to 'good enough' parenting) and a few here (points to good parenting)."</i>
Sara (CC)	<i>"Yes, you have bad parenting, and yes you have good parenting."</i>
Nahil (CC)	<i>"If I had to put it according to this scale, I would say you may get the whole of Welbedacht, maybe 10 per cent here ('good' parenting). And then here ('good enough' parenting), you may go up to 40 per cent."</i>

Rekha (PPC) separated parenting into two groups in her response, namely 'good' and 'bad' parenting, making no reference to 'good enough' parenting at all.

Clearly, a very small percentage of parents/ primary caregivers were considered to be 'good' parents by the research participants.

The distinguishing characteristics of 'good' parenting, as mentioned in scholarly references, were not mentioned in the research participants' answers, namely parents who were: more insightful or reflective about their parenting (Eve et al 2014:118; Widding 2014:42); eager to learn about parenting in order to improve (Eve et al 2014:118; Reece 2013:36); constantly self-sacrificing (Eve et al 2014:119); and able to manage competing demands, such as managing the household and attending to child's developmental needs (Eve et al 2014:119). That was likely because they were not asked to give descriptors.

Their discussion about 'good enough' parenting follows.

5.4.2 'Good Enough' Parenting

Two of the parents/ primary caregivers, Josie (PPC) and Carol (PPC), suggested that approximately 60 per cent of the parents in Welbedacht East were 'good enough' and one community champion, Sara (CC), said that "most" parents qualified as 'good enough'. There were other positive references to the number of parents who presented as 'good enough': Faith (PPC) estimated that approximately 30 per cent fell into this category; Nahil (CC) estimated that 40 per cent did; and Grace (CC) felt that at least "some" did.

Participants	Quotations
Carol (PPC)	<i>"I can say that they are trying to be good. They are not good, but they are in the middle. Good enough...Out of 100, maybe you get 60 per cent that are good enough."</i>

Josie (PPC)	<i>"The good versus the bad? I would say that most are good enough... About 60 per cent are good enough... 40 per cent are bad. Bad!"</i>
Nahil (CC)	<i>"If I had to put it according to this scale, I would say you may get the whole of Welbedacht, maybe 10 per cent here ('good' parenting). And then here ('good enough' parenting), you may go up to 40 per cent."</i>
Faith (PPC)	<i>"About 70 per cent are here, on the neglected side... and 30 per cent are 'good enough'."</i>
Sara (CC)	<i>"I would use the term 'good enough' parenting... But I think, when you look at 'good enough' and you look at the situation we are living in... you see... they are trying. It is not that they are lucky to be staying in good, good houses, ja. But they are trying their best."</i>
Grace (CC)	<i>"You see most of the people are here (points to 'bad' parenting). But some are here (points to 'good enough' parenting) and a few here (points to 'good' parenting)."</i>

Participants' descriptors of 'good enough' parenting were presented in the discussion of the first two themes and therefore will not be repeated. A popular, although dated, description of parenting consistent with the participants' general perceptions of 'good enough' parenting in Welbedacht East is that of Westman (1994:28-29): "They are simply people who show through their behaviour that they care about what happens to their children and who can restrain themselves from seriously harming them."

5.4.3 'Bad' Parenting

Generally, 'bad' parenting refers to a parent's inability to satisfy the key constructs of 'good enough' parenting (Seay et al 2014:207). It usually presents as combination of indicators such as: failing to satisfy the basic needs of children in terms of food, hygiene, and supervision, which affects the child's well-being (Choate & Engstrom 2014:374; Kellett & Apps 2009:28; Ramaekers & Suissa 2012:90); lacking parental warmth (Daniel 1999:183; Taylor et al 2000:114); physically or emotionally abusive (Taylor et al 2000:114); demonstrating poor parental responsibility resulting from psychological or social problems (Choate & Engstrom 2014:375; Ramaekers & Suissa 2012:90); and an unwillingness to seek help (Kellett & Apps 2009:30; Woodcock 2003:99).

Participants were expressive about their concerns of the high presentation of 'bad' or 'risky' parenting in their community. Two participants, Rekha (PPC) and Faith (PPC), estimated that approximately 70 per cent of the parenting in Welbedacht East was bad; one, Grace (CC), suggested that most parents were bad without enumerating; two, Carol (PPC) and Josie (PPC), estimated that 40 per cent of the parents functioned at this level; one, Sara (CC), stated that some were 'bad' parents; and one, Lindiwe (CC), stated that parenting fell between 'bad' and 'good enough'. Many of the examples that the participants shared reflected the descriptors that were noted by authors on the topic as reviewed in Section 3.4.1.4, indicators of 'good enough' parenting as relevant to child well-being.

Participants	Quotations
Rekha (PPC)	<i>"You can say like 70 per cent of it is like bad and then 30 per cent is good... It's either like they are bad towards their children or they are good towards their children."</i>
Faith (PPC)	<i>"About 70 per cent are here, on the neglected side... and 30 per cent are 'good enough'."</i>
Nahil (CC)	<i>"If I had to put it according to this scale, I would say you may get the whole of Welbedacht, maybe 10 per cent here ('good' parenting). And then here ('good enough' parenting), you may go up to 40 per cent."</i> This implies that he placed 50 per cent of parents in the 'bad' parenting category.
Grace (CC)	<i>"You see most of the people are here (points to 'bad' parenting). But some are here (points to 'good enough' parenting) and a few here (points to 'good' parenting)."</i>
Sara (CC)	<i>"Yes, you have 'bad' parenting, and yes you have 'good' parenting."</i>
Lindiwe (CC)	<i>"It's somewhere between 'bad' and 'good enough' parenting."</i>

Some participants mentioned that when the parenting was bad, it was really bad. Participants used several behavioural anchors to describe the 'bad' or 'risky' parenting practices common in Welbedacht East. Amongst the categories of concern were that many parents had themselves been poorly parented and these intergenerational 'bad' parenting practices were repeated. It was also mentioned that there was a high rate of child abuse and neglect, parents failed to supervise their children, the hygiene and nutrition of children were poorly managed, attachment between mother and child was low, and there were several prevalent social problems that parents presented, such as substance abuse, domestic violence, immature mothers, and parents having little respect for their children. Each of these will be discussed. The researcher will group them under the following subheadings: parental neglect of the child's physical health, development and safety; parental neglect of the child's psychological and emotional development; parental neglect of the child's social development and behaviour; parental neglect of the child's cognitive development and education; and poor parental foundational competence, compounded by unstable family dynamics.

Table 5.18: Sub-themes and categories of participants' perceptions of 'bad' parenting practices in Welbedacht East

Sub-theme	Category
Parental neglect of the child's physical health, development and safety	<ul style="list-style-type: none"> • Poor nutrition • Absence of routine • Poor promotion of children's health • Poor maintenance of children's health • Poor parental supervision
Parental neglect of the child's psychological and emotional development	<ul style="list-style-type: none"> • Emotional distance between parents and children • African cultural parent-child hierarchy

Parental neglect of the child's social development and behaviour	<ul style="list-style-type: none"> • Poor parental respect demonstrated to the child • Poor parental role modelling of prosocial behaviours
Parental neglect of the child's cognitive development and education	<ul style="list-style-type: none"> • Poor parental support of child's schoolwork • Parental failure to ensure the child's school attendance
Poor parental foundational competence	<ul style="list-style-type: none"> • Intergenerational patterns of 'bad' parenting • Teenage/immature mothers • Poor emotional regulation by parent in parent-child interactions
Unstable family dynamics	<ul style="list-style-type: none"> • Family breakdown/ abandonment of children/ domestic violence • Substance abuse in the home • Child abuse: physical and sexual

The perspectives of the community champions and parents/ primary caregivers will be combined using narratives extracted from their transcriptions. The discussion commences with the research participants' perspectives of parental neglect of children as observed in Welbedacht East regarding the physical health, development and safety of the child, and reflects that both parents/ primary caregivers and community champions were equally concerned about poor parenting that was prevalent in the community.

5.4.3.1 Sub-theme 1: Parental neglect of the child's physical health, development and safety

This sub-theme summarises participants' perceptions of poor parenting practices in Welbedacht East. It refers to the general neglect of children as had been observed by both sample sets. The participants' perspectives are tabulated, reflecting multiple indicators of 'bad' or 'risky' parenting within each quotation. This explains the research participants' position that the level of child neglect present in the community was high.

Participants	Quotations
Mary (CC)	<i>I can mention that there is a young mother here... Ok she is not that young. She got seven kids. These children, most of the time they will be alone at home whilst she is out working and she will come late and we have to go and check on these children. I don't know. We reported these children for a long time. But this mother she thinks that she is just getting away with murder. The children are neglected, but the most thing that I nearly fell on my back when I went to see this child... By nine o'clock at night I was walking back home and I met this two-and-a half-year-old child... a little girl... walking on the road... and then I saw the taxi, the combi. The taxi was coming and this child she jumped on the pavement side to protect herself. Small as she was. When I met this child I said to myself, 'Oh my God! She has even learned to protect herself from the danger on the road'. And I asked the child, 'What are you doing on the road at this time of night?' She didn't say. I had to take this child home. But I did not find the mother there. It was only the brothers. The mother was not there. But it was nine o'clock. So this is how much we need the help that can... happen in the community. The rape... it's here in our community."</i>

Vihaan (CC)	<i>"The children we are targeting are those from birth till 10 years old. They are badly neglected you know. Very badly neglected. You see in the Indian community and the White community the child is nurtured from that age. From birth to nine, 10 years. They are given a value base, they are protected from illness and other things. Like in the village... we call it the village...when we go down with food you will find the child is two and a half, three years of age... is running across the road with a bowl in the hand to collect food. So then you ask yourself the question, 'Where are the parents to guide and protect these children from day-to-day problems?' And then when you find that some of these children are being abused, and you see how they are dressing and there is no protection."</i>
Faith (PPC)	<i>"They (the children) don't go to school. They don't have any food and they want to steal things to sell to buy food. Their clothes are torn, with no patches. And when I see their faces, the child is hungry. Some tell you, 'I am hungry. Will you give me money for food?'...Maybe it is because I am close to the shop. The children want to stay there so that they can get things from the people who come to the shop. They stay there a long time. They ask money from everybody... There are no parents around them. No one checks on them... They cross the road alone."</i>
Ethel (PPC)	<i>"There is neglect here. Some of the parents they have these children and they are so neglectful, even though they collect the social grant for them. You see these children dirty. You see these children untidy."</i>
Olga (PPC)	<i>"You will see that it is cold and the child is not properly clothed in warm clothes. You find another child going to school on an empty stomach. Sometimes there is no food, or the child is not able to make themselves food. There is no one that cares to make the child food. It would come to the child being unable to concentrate in class." Reflecting on what she said, she added, "I think it is some kind of abuse."</i>

It is estimated that 90 per cent of 'bad' parenting is unintentional and linked to psychosocial and economic factors that create parental stress which results in neglectful behaviour (North 2013). When parents are unable to meet the basic needs of children, children are vulnerable to neglect, as well as emotional and sexual abuse (Nhedzi & Makofane 2015:358). Usually the parents lack resources and knowledge which results in them making poor decisions on behalf of their children. The extreme nature of the neglect as experienced by the children in Welbedacht East was evident. As mentioned by Hope and Van der Merwe (2013:316), acts of child abuse and neglect, when perpetrated by a parent, affect children more negatively than abuse by strangers and almost always leads to damaging developmental outcomes.

The general sub-theme of neglect is broken down into several categories reflecting the specific concerns of the participants about the well-being of the children of Welbedacht East.

The narratives that are discussed in this section were extracted from participant interviews and refer mainly to parental neglect of the factors related to the physical health, development and safety of their children. Because participant examples related to indicators of inadequate parenting have been used in previous sections of this chapter, the researcher will limit the illustrations in her discussions of each of the categories. The categories include poor nutrition;

lack of routine in the home; poor maintenance of child health; poor maintenance of hygiene; and poor parental supervision, which includes parental failure to protect the child from day-to-day accidents and serious harm.

Indicators of inadequate parenting related to the physical health, development and safety of children in Welbedacht East as identified by participants
Poor nutrition
Absence of routine
Poor maintenance of children's health
Poor maintenance of children's hygiene
Poor parental supervision

The first category to be presented investigates the parents'/ primary caregivers' failure to take care of the child's nutrition.

- **Poor nutrition**

The problem of poor nutrition was first raised by Faith (PPC): *"And when I see their faces the child is hungry. Some tell you, 'I am hungry. Will you give me money for food?'"*

It was something that concerned Rekha (PPC) too: *"You have even got mothers that don't like to feed their children."* Rekha (PPC) implied that the problem was not just a lack of food, but the parents' lack of inclination to satisfy their children's need. Her position was supported by Olga (PPC), who said: *"Sometimes there is no food, or the child is not able to make themselves food, but there is no one that cares to make the child food."*

It is noted that in sub-Saharan Africa, up to 40 per cent of children younger than five years are malnourished (Atilola 2014:3). Nutritional deficiencies predispose children to infectious diseases (Atilola 2014:3). Poor nutrition in childhood impairs the child's early development and is linked to poor mental well-being and childhood mental health problems (Atilola 2014:11). Whilst Sewpaul and Pillay (2011:295) advise that the state-initiated school feeding schemes is an effective strategy to address the problem amongst primary school children who receive one meal a day, there is a need to strengthen families to provide food for their children. Unfortunately, no stop-gap is in place for children who are too young to be enrolled in primary school, nor for those who do not attend school.

The next concern illustrated is the absence of routine and structure, as was observed by the research participants in the lives of some of the Welbedacht East children.

- **Absence of routine**

One of the examples shared by a parent/ primary caregiver participant is used to illustrate the concern of participants regarding the absence of routine in the children's lives. According to Olga (PPC), there was inadequate structure and routine amongst the families in the community: *"You find that it is a time that the child should be at home, but the children are still playing outside on the streets... Like the sun has set. The lights have been switched on in the household. It is late, but you still find the children are still on the streets, playing. And you find that it is probably time for the children to be having their evening bath, and start getting ready to sleep, but they are still playing outside. The parents are inside the houses. The children are still playing outside, and they are still too young for that."*

Provision of routine in the home is one of the indicators of 'good enough' parenting (Kellett & Apps 2009:27) and is indicative of the child receiving a predictable and constant level of care (North 2013:25).

The next concern was that parents/ primary caregivers were neglecting their children's health.

- **Poor maintenance of the child's health**

Concerns were raised about the health status of children in the community, because several parents/ primary caregivers were negligent about taking preventive and remedial steps to improve their children's physical health (Crawford 2011:24).

Being a nurse, Pavi (CC) identified poor hygiene and nutrition as evidence of bad parenting. This is what she shared: *"Poor hygiene, poor nutritional status... skin conditions... That is basically what we notice."*

In some instances, participants complained about the way children were dressed. As evident in the examples that follow, participants were concerned that the children were too exposed to the cold and would fall ill. The first example was shared by Dina (CC): *"I actually saw a child walking on the main road, Welbedacht Road with just a brief (a pair of panties) on. A little girl, and she could only have been about seven. And that was not appropriate, because she was not dressed for the weather because it was so cold. And I wondered, where is the parents?"*

The second example was offered by Rekha (PPC): *“And also, it’s the way they would dress their children. Mothers have their children in shorts and a vest when it is very cold.”*

The lack of willingness or capacity of parents/ primary caregivers as demonstrated in these examples reflects the parents’/ primary caregivers’ denial of basic responsibilities which Crawford (2011:25) states should be of concern. It is the duty of parents to ensure that their children receive adequate medical care, timely care for physical injury or illness, and have and wear adequate clothing as suitable for climatic conditions (Johnson et al 2014:118-119).

Linked to the poor maintenance of the children’s health was parental neglect of the children’s hygiene.

- **Poor maintenance of children’s hygiene**

The inability of parents/ primary caregivers to maintain an adequate level of hygiene for their children (Johnson et al 2014:119) concerned some parent/ primary caregiver participants. The concerns of Dudu (PPC), Vuyi (PPC), and Carol (PPC) will be shared. Dudu (PPC) complained: *“Well some of them... they don’t worry about the child’s hygiene. You always see the children dirty. You can see that the child hasn’t had a bath for a few days. Those are the things that I see.”*

Although Vuyi’s (PPC) narrative was related to hygiene, it also reflected that some parents failed to take their children’s ages into consideration when allocating chores. She tells the story of a child who lived nearby: *“I have no idea what is wrong. This child is only just six years and she is just by my house. I see her putting water outside for herself, and for her smaller sister who is two. She has to pour the bath water out herself. We saw the child pouring the hot water into two buckets, getting the cold water, warming it up to bath her little sister. And the child is only six years. And sometimes she ends up not bathing her. When she overplays (fails to monitor the time) she doesn’t bath, she just sees that she baths her sister. That I can see is happening a lot in other homes. Their clothes are dirty. They are not being taken care of, and many don’t get a bath. I blame the parents, because the parents should be looking after them.”*

Carol (PPC) was very descriptive in discussing her observations of parental inattention to hygiene: *“Some children you see are just walking barefoot. They are so dirty. Their hair is bushy and it is not combed well. And sometimes you wonder what is going on with these children? What are their parents doing? Sometimes you pass where their*

doors are open and you can look in and see that their house is not even cleaned. You think about the small children... How can they be safe in a house like that?"

'Good enough' parents are expected to assist young children with bathing, toileting and tooth brushing (Johnson et al 2014:119). This avoids infections and prevents children from being teased due to poor hygiene (Johnson et al 2014:119).

The next concern was the general consensus amongst the research participants that the safety of the children in Welbedacht East was generally overlooked by parents/ primary caregivers.

- **Poor parental supervision**

The lack of parental supervision can be subdivided into two categories. Firstly, lack of supervision related to the day-to-day protection and safety of the child, and secondly, failure to protect the child from extremely harmful situations. The latter is what Green and Hartweg (2004:179) refer to as intentional injury to children. These are the acts that are committed by adult perpetrators that parents/ primary caregivers fail to shield their children from.

Starting with the lack of supervision by parents/ primary caregivers to secure the basic day-to-day safety and protection from risk, several participant perspectives will be shared.

Children were reported to lack adult supervision. Dina (CC) mentioned the following: *"...so when they go home then obviously there is no one at home. Maybe their parents are working, because there are some parents that have to go out and work. But children still will need that supervision when they come from school or ECD programmes."*

This was echoed by Vihaan (CC): *"You know they don't protect their children. If the children are in the street all day they are running around with no one watching over them. You know this is a problem that is very rife in Welbedacht."*

Mary (CC) shared a situation that she considered to be very dangerous for the child involved: *"There is a young mother here. She has got seven kids. These children most of the time will be alone at home whilst she is out working and she will come home late and we have to go and check on these children. But this mother... she is just getting away with murder. The children are neglected, but I nearly fell on my back when I saw*

this child. By nine o'clock at night, I was walking back home when I met this two-and-a-half-year-old child... A little girl, walking on the road... And then I saw the taxi, the combi. The taxi was coming and this child she jumped on the pavement side to protect herself. Small as she was. When I met this child, I said to myself, 'Oh my God! She has learned to protect herself from danger on the road.' And I asked the child, 'What are you doing on the road at this time of night?' She didn't say. I had to take this child home. But I did not find the mother there. It was only the brothers."

Failure to monitor the day-to-day safety of children had resulted in some serious cases of injury to some children. Karima (CC) mentioned the following: *"Cause you hear a lot of cases in Welbedacht where burns... children are in hospital because of burns. You know they use these gas stoves and maybe the child when they are alone they put the stove or maybe it's with boiling water... but it's mostly coming from the Welbedacht area."*

A local study conducted in Chatsworth on primary school children found that grandparent-headed households were the least likely to leave children unattended, and single parent and step-families the most likely (Sewpaul & Pillay 2011:294).

This lack of supervision further exposed children to situations of abuse. Dina (CC) explained the risks that faced children in the neighbourhood: *"What concerns me... Especially on a Friday afternoon there is a lot of substance abuse in this area. And sometimes I see a lot of young children, small children, six, five, younger, walking around on the streets by themselves. Some do look like they are unkempt and you know they don't have supervision and there is all these sugar heads and drug addicts walking around. I think that they are at risk because there isn't a parent with them..."*

Poor parental protection of children who had been abused was reported. For example, Thoko (CC) noted that parents failed their children by not reporting the abuse to the authorities, possibly because they wanted to protect the perpetrators who were in a relationship with them. Thoko (CC) shared as follows: *"Also the small children are being raped in Welbedacht. And you will find that parents are not reporting the cases, because maybe they are supporting the perpetrators or it's their boyfriends that raped the children and so it's put under the carpet. No one is reporting it."*

The narratives presented are indicative of poor parental efforts to meet the basic needs of children for food, safety, and basic care as required of 'good enough' parenting (Choate &

Engstrom 2014:368; Kellett & Apps 2009:29; Ramaekers & Suissa 2012:90). Community champions suggested that in some cases parents were too preoccupied with their own issues and failed to be available to their children (Choate & Engstrom 2014:375; Kellett & Apps 2009:27; Ramaekers & Suissa 2012:90). Parents were described as failing to meet their parental responsibilities. They were seen to devote inadequate time to their children and engage with them infrequently, and also failed to provide adequate supervision and support (Widding 2014:55). In Karima's (CC) and Vuyi's (PPC) narratives it appeared as though some children carried responsibilities that were inappropriate for their ages and/or developmental levels (North 2013). These narratives confirm the presence of the key constructs of negative or 'bad' parenting. However, Choate and Engstrom (2014:371), being cynical about Kellett and Apps' classification of 'bad' parenting, would argue that some of the narratives were suggestive of child abuse, which is much more serious than neglect. The failed parental actions directly harmed their children. It may even be argued that some of these children were in need of protection (North 2013).

Concern was raised about the lack of parental responsiveness towards children in Welbedacht East by their parents/ primary caregivers.

5.4.3.2 Sub-theme 2: Parental neglect of the child's psychological and emotional development

This domain of parenting involves parental ability to foster a close relationship with the child, characterised by high levels of trust and openness. Participants' concerns were related to the inability of parents to develop warm, caring relationships (Johnson et al 2014:117; CFCW, in Lippman et al 2009:22). Some proposed that this was a cultural issue, related to the way that African parents approach parenting children.

Indicators of inadequate parenting related to the psychological and emotional development of children in Welbedacht East as identified by participants
Emotional distance between parents and children
African cultural parent-child hierarchy

Fikile (CC) noted with concern that relationships between parents and children were distant: *"To me it ('good enough' parenting) means taking care of the child, especially the child's needs. Supporting the child and being able to be at the age level of the child. Because more often I kind of see that there is distance that the parents are creating between themselves and the child. They consider themselves to be adults and they have to act in a certain way, and the children have to act in a certain way, so the child is not actually free to explore, or talk to*

their parents about everything and anything... there is this separateness between parents and their children."

Lindiwe's (CC) narrative supports Fikile's (CC) perspective: *"You know that Africans, as a nation, parent in another way. The way I was raised... if I asked questions I was told, 'You are asking too much. At your age I never asked my parents questions!' So we never got answers. They (the children) go outside to find some kind of belonging."*

The parenting style referred to by both Fikile (CC) and Lindiwe (CC) was authoritarian (Azar & Cote 2002:196; Kotaman 2013:41), characterised by high levels of parental control. Parents adopting this style are authoritarian and offer low levels of nurturance (see Section 2.6.1.1b and Table 2.4). They present as emotionally detached and create distance between themselves and their children (Azar & Cote 2002:196; Johnson et al 2014:95; Kotaman 2013:41).

The reference that Lindiwe (CC) makes, *"Africans, as a nation, parent in another way"*, suggests that parental attitudes are linked to culture. As discussed in Section 2.6.1.1b and 2.6.4, culture is a major influence in the transmission of parenting beliefs and attitudes from one generation to the next (Azar & Cote 2002:45). However, Bornstein (2015:4) argues that some demands of parenting are culturally universal, nurturing young children being one of them.

As reflected in these narratives, concern was raised about the Emotional distance between parents and their children evident amongst some Welbedacht East families. According to Gould and Ward (2015:3) and Johnson et al (2014:117-118), the absence of warm, close relationships with parents jeopardises the sense of security that children need, which is essential for their healthy emotional development and their development of trust in others later in life.

5.4.3.3 Sub-theme 3: Parental neglect of the child's social development and behaviour

It was noted that many parents/ primary caregivers failed to model prosocial behaviour and values for their children. At the most basic level, parents/ primary caregivers were reported to demonstrate limited respect towards their children, and the children in return mirrored this lack of respect in their interactions with their parents and others.

Indicators of inadequate parenting as related to the social development and behaviour of Welbedacht East children as identified by participants
Poor parental respect demonstrated to the child
Poor parental role modelling of prosocial behaviours

As shared by Karima (CC): *“Sometimes the way the little child speaks to the parents... You know. Like... ‘What did you say?’ ‘Shut up!’ You know... It tells me that the way the child is raised is not good, because the words that the child is using are rude.”*

A parent/ primary caregiver, Kuhle (PPC), offered a similar illustration: *“When you are a bad parent, you say the first thing that comes into your mouth. Anything!... When you do something, and you tell the child where to get off, the child gets hurt... You don’t care how the child feels about it. What you do to them, the child will also want to do, and you end up hitting the child for doing those things. That is also abuse, because the child has learnt those things from you. You should not be doing bad things, right. But at least hide those things from the children, because they can see. If they see you doing something, you will not be able to tell them to stop doing it as it is wrong.”*

Parental modelling of courteous conversations, demonstrations of respect towards others, and non-aggressive responses in conflictual situations are considered to be suitable behavioural anchors (Johnson et al 2014:120) which the participants recognised as lacking in parent-child interactions in Welbedacht East.

Several participants raised concerns about some parents’/ primary caregivers’ lack of parental responsibility regarding the educational development and intellectual stimulation of their children.

5.4.3.4 Sub-theme 4: Parental neglect of the child’s cognitive development and education

A child’s cognitive development and education depends upon adults in many ways, such as securing his/her access to education, encouraging his/her intellectual achievement, fostering his/her positive academic self-concept, and so forth (CFCW, in Lippman et al 2009:116). The educational progress of children is considered a prized outcome of positive parenting (Johnson et al 2014:116) and demands parents/ primary caregivers to satisfy several parenting tasks to support the child’s intellectual and cognitive well-being. For some participants, this kind of parental support was lacking in Welbedacht East. There were two main indicators of ‘bad’ parenting identified in relation to this domain: lack of parental

supervision of the child's schoolwork, and failing to ensure the child's regular attendance at school.

Indicators of inadequate parenting related to the cognitive development and education of children in Welbedacht East as identified by participants
Poor parental support of child's schoolwork
Parental failure to ensure the child's school attendance

The first category mentioned in the discussion of 'bad' or 'risky' parenting as it concerned the cognitive development and education of the child, was lack of parental assistance or support to help the child complete schoolwork.

- **Poor parental support of child's schoolwork**

The example that will be used to explain this was one shared by a community champion. According to Vihaan (CC), there were few parents/ primary caregivers who offered children much support in this area: *"There also are no parents, or shall I say, there are very few parents that actually sit with the child to help them with their education... to get the homework done or get them interested... Because if they are staying with grandparents, the grandparents are uneducated, or they didn't complete their school, and so with the modern education system, the grannies and parents cannot help them. So that is why they do not excel at school, you know. That is one of our problems here. When I am communicating with the children on a Sunday, they still only talk in Zulu. They don't... they can't communicate with you freely in English."*

When parents offer their children emotional and practical support, such as assistance with homework, children are likely to perform better at school (Gould & Ward 2015:4; Holborn & Eddy 2011:7). However, as noted in Section 2.3 and 2.6.1.1b, the educational resources of caregivers impact on the quality of childcare that they offer (Atilola 2014:3). Reportedly, only 45 per cent of adult women in sub-Saharan Africa are literate (Atilola 2014:3). Based on Vihaan's (CC) comment and the biographical data of the parents/ primary caregivers, it is acknowledged that there are some who had a low level of education. This was also mentioned in Section 5.2.3.

- **Parental failure to ensure the child's school attendance**

Children have a right to attend school and their parents have a responsibility to ensure that this happens on a regular basis and should offer encouragement for them to do so (CFCW, in Lippman et al 2009:20:116; Johnson et al 2014). As mentioned by

participants' discussion of 'bad' or 'risky' parenting, this was not always the case in Welbedacht East.

Carol (PPC) said the following: *"Then from these 40 per cent of them (referring to 'bad' parents), they are ...eish. Most of their children, you can see, like today it is a school day, but as you walk around you can see a child who is supposed to be in school, but the child is playing in the road. They don't even care!"*

Another parent/ primary caregiver, Olga (PPC), shared a similar perspective when explaining why she had rated the quality of parenting as 'bad' or 'risky': *"...the reason I am saying this is because, if you ever see children in the same age group as my children, most of the time they don't go to school. You see that. I don't like that. That is poor parenting."*

For Mary (CC), failing to make sure that your child attended school was an indicator of 'bad' or 'risky' parenting. However, her narrative reflected the complicated dynamic of trying to fulfil this parental duty when poor: *"They (referring to parents/ primary caregivers) are keeping the children home. Not schooling the children. If it actually happens that the children go to school, they don't have a uniform. They are dirty, which causes more dropout of children from school because they do not get the support they need. They get laughed at in school because they do not have a lunch box. They got no books because they have torn bags. Their clothes are dirty, no shoes, or no polished shoes. The parents don't care about the children. When you are told these things, you get angry. That is bad parenting"*.

Apart from offering a child regular instruction, parenting demands parental assurance that the child has the necessary materials and supplies to do their schoolwork and that their special needs are met in relation to learning, such as a place to complete homework and access to reference sources (Johnson et al 2014:117). Those living in poverty, particularly single parents, may struggle to meet this requirement (Sewpaul & Pillay 2011:294). The narrative by Mary (CC) above reflected how poor children experience discrimination at school, which created resistance to learning and required additional emotional support from their parents, as mentioned by McDonald (2011). The parental actions described would, according to Gould and Ward (2015:4), suggest that several Welbedacht East parents/ primary caregivers failed to convey the importance of education to their children, which would minimise their chances of progressing to tertiary education and securing better employment opportunities.

Other reasons for rating the quality of parenting in Welbedacht East as 'bad' were associated with the poor parental foundational competence of several parents/ primary caregivers in Welbedacht East.

5.4.3.5 Sub-theme 5: Poor parental foundational competence

The psychological health of the parent, referred to as foundational competence (Johnson et al 2014:114), affects the quality of care that parents offer their children. Parental mental health issues, such as the parent's ability to respond to the child's needs, manage their own emotions, the support they have from other responsible adults, their own early childhood experiences, substance abuse, and physical and cognitive limitations, directly affect the child's well-being (Azar et al 2005:46; NSPCC 2014). Several research participants indicated that the poor parenting practices that they witnessed were linked to the poor foundational competence of the parents. Those that were of concern to them were: the parents'/ primary caregivers' personal negative experiences of being parented themselves; contextual factors such as teenage parenthood; and poor emotional regulation. They noted that many parents/ primary caregivers were living stressful lives, characterised by dysfunctional family relationships.

The researcher will refer to the specific narratives of the research participants to illustrate their perspectives of the impeded foundational competence of the parents/ primary caregivers: their personal experiences of being parented by 'bad parents'; being a teenage mother; and poor emotional regulation as a result of parental stress. The dysfunctional relationships of the parents/ primary caregivers will be discussed as a separate category.

Indicators of inadequate parenting as related to the foundational competence of parents identified by participants
Intergenerational patterns of 'bad' parenting
Teenage/immature mothers
Poor emotional regulation by parent in parent-child interactions

- **Intergenerational patterns of 'bad' parenting**

Generally, the quality of parenting that a parent/ primary caregiver receives whilst he/she is growing up is taken into consideration when evaluating parenting, because it may have some bearing on the way that he/she parents his/her own children (Crawford 2011:25; Woodcock 2003:93). When subjected to negative or 'bad' parenting as a child, the parent's ability to develop positive attachments with his/her own children can be affected (Scannapieco & Connell-Carrick 2002:605). Whilst the theory of intergenerational continuity of harmful parenting behaviours is not fully endorsed

(Schofield et al 2014:973), it has been reported that 33 per cent of parents who were victims of physical child abuse perpetuated abusive behaviour later (Mapp 2006:1293-1294). As explained by Mapp (2006:1293-1294), the intergenerational continuity only occurs if the parent fails to resolve his/her personal trauma(s).

Intergenerational parenting continuity was raised by Lindiwe (CC), who shared her observations: *“Oh the quality is mixed. Somewhere between ‘bad’ and ‘good enough’ parenting. Bad parents... most of the bad parents themselves grew up being raised by parents who abused them and therefore they have not healed yet. Now they are parents themselves, they have no patience with their children.”*

Others raised the issue in their responses to other questions, as will be shared in the discussion related to factors that impact on parenting practices in Welbedacht East in Chapter Six.

An additional factor mentioned as associated with the poor quality of parenting in Welbedacht East was the high rate of teenage pregnancies and immature mothers.

- **Teenage/immature mothers**

It was suggested that the quality of parenting in Welbedacht East was affected negatively because of the high incidence of teenage mothers. The high proportion of unintended pregnancies amongst teenagers in South African is a serious and growing problem (Panday, Makiwane, Ranchod & Letsoala 2009:6; Van Zyl et al 2015:151). Participants intimated that the characteristics of the adolescent developmental life stage were in conflict with the demands of parenting, and in many instances affected the well-being of children born to teenage mothers in their neighbourhood.

Sara (CC) was one research participant who discussed this. This is what she shared: *“Parenting depends on the level of maturity of the parents. I have actually seen that there is this huge thing that is going around, with teenage girls that are falling pregnant. And most of our teenage kids with children under nine are those who were born to teenage parents themselves... But now you have got the girls who are having these children and leaving the children with the grannies to take care of them, as they don’t have those skills.”*

There are multiple risks associated to both the teenage mother and her child, concerning their health, as well as their economic, educational and social well-being (Hope & Van

der Merwe 2013:318; Makiwane 2010:193; Panday et al 2009:6;. Loss of freedom, interrupted education, compromised chances of marriage (Panday et al 2009:27), and the stress of not having adequate knowledge, skills and resources to parent effectively (Hope & Van der Merwe 2013:318; Jordan et al 2014:392; Van Zyl et al 2015:151) compound the normative developmental stress of being an adolescent (Van Zyl et al 2015:151). This may explain why teenage parenting is recognised as a predisposing factor in the physical abuse of children (Green & Hartweg 2004:185).

- **Poor emotional regulation by parent in parent-child interactions**

As presented by the Parent Competency Model (Johnson et al 2014:114), 'good enough' parents are expected to demonstrate healthy psychological functioning and show, amongst other behavioural indicators, parental ability to control anger and impulsivity. It was observed that this was something lacking in some parents in Welbedacht East.

Kuhle (PPC) discussed 'bad' parenting in Welbedacht East and referred to parents who did not regulate their emotional reactions or impulsivity. This is how she explained it: *"There are things that you should not do in front of children... When you are a bad parent, you always say the first thing that comes to your mouth, anything. You just say it in whatever way... so the child ends up getting hurt and goes to cry by the side of the house... So I think that is a bad parent. It is abuse if a child is asking for something and you tell the child where to get off. The child gets hurt when you do something and you don't care how they feel about it. Because when you do them, the child will also want to do them and you end up hitting the child for doing those things. That is also abuse because the child has learned that from you."*

Her point was that as a parent, one should be able to deal with one's frustration without harming the child emotionally. Parenting requires an ability to balance parental expressions of acceptance of the child and controlled efforts to address the child's negative behaviour and demands (Azar & Cote 2002:193; Azar et al 1998:77; Crawford 2011:19).

The last sub-theme, as mentioned by research participants, was the high level of dysfunctional family patterns that impacted negatively on parenting practices in Welbedacht East.

5.4.3.6 Sub-theme 6: Unstable family dynamics

A conducive process for the positive development and well-being of the child depends on the child growing up in a home that is free from family conflict (Sung & Su 2007:4) and offers

stability, warmth, closeness, and support (CFCW, Lippman et al 2009:22). It is harmful when parents fail to protect a child from exposure to physical attacks inside or outside the home that cause the child to live in fear (Weisner 2010:212). Factors as mentioned by Crawford (2011:25) that compromise safe parenting include parental stress, substance abuse, impaired parental physical or intellectual ability, mental illness, problems in relationships and family instability, lack of social support, a history of violence, and an inappropriate physical living environment. The research participants' narratives illustrate their descriptions of the dysfunctional situations they witnessed in the lives of the Welbedacht East children, many of which reflected these indicators. They referred to the breakdown of family structures, domestic violence, alcohol and substance abuse, and child sexual abuse. Each category is presented separately.

Unstable family dynamics that impact parenting as identified by participants
Family breakdown/ abandonment of children/ domestic violence
Substance abuse in the home
Child abuse: physical and sexual

- **Family breakdown/ abandonment of children/ domestic violence**

Several authors note that South African family structures have changed significantly (Atilola 2014:2; Holborn & Eddy 2011:4), with an increasing number of children growing up in alternative care arrangements, separated from their biological parents.

This was a point that was raised by Thoko (CC): *“Most of the children are staying with their gogos (grandmothers). And you will find that there is no mother. Or you will find that the mother is staying somewhere with the boyfriend, but they are not taking care of the child.”*

The reality is that many South African children are raised by several different caregivers, usually a female relative of the mother such as a grandmother, and approximately 80 per cent of children in court-ordered foster care are placed with extended family members (Bray 2015:92-93). Of these arrangements, close to eight per cent of children in South Africa are exclusively cared for by their grandparents, more prevalent amongst Africans (Holborn & Eddy 2011:6; White Paper on Families in South Africa 2013:20). These households are referred to as skip-generation households. They are considered 'fragile', because of the burden of care allocated to the grandparent. Responsibilities that the grandparents have to carry on their own include issues such as: personal health issues; limited income; financial obligations; custodial and access issues; and the challenges of raising grandchildren (White Paper on Families in South Africa 2013:20).

Violence in the home was raised as an issue in Welbedacht East. Children who grow up witnessing violence in their homes are known to be significantly affected by their experiences (Holt, Buckley & Whelan 2008:797; Gould & Ward 2015:5). Their accomplishment of key developmental milestones such as toilet training and walking; their cognitive functioning and language development; their self-esteem; and their ability to manage or control anxiety and depression are known to be negatively affected (Gould & Ward 2015:5; Ybarra, Wilkens & Lieberman 2007:33). The exposure negatively affects their scholastic performance (Hope & Van der Merwe 2013:316) and increases their risk of being physically abused by up to 15 times (Green & Hartweg 2004:186; Holt et al 2008:800). A South African study found that the reasons given for the physical abuse of preschool children included lack of resources and the stress experienced by parents that led parents' substance abuse (Green & Hartweg 2004:186). This pattern was noted in response to other questions, but not in this section. It was generally acknowledged that substance abuse was a prevalent threat in the Welbedacht East community which often led to violent conflicts in the home and affected the children.

Mary (CC) spoke with concern about children being abused as part of the collateral damage of intimate partner violence: *"When the woman is getting abused by the husband or partner the children become the victims... when the mother is trying to protect herself, but the children have to watch all the violence and sometimes the mother won't get enough time to run with the kids. We see those things. Sometimes the children are getting killed. You heard in the news about the children that were burned to death in the home in Clare Estate? One of the children was from our neighbourhood."*

Evidence suggests that a non-abusing parent, who has minimal mental health problems and a positive relationship with the child, can reduce the damaging risks associated with bearing witness to parental partner violence (Howell, Graham-Bermann, Czyz & Lilly 2010:160). It is noted by authors Howell et al (2010:160) that in the presence of these conditions, the child's resilience and coping mechanisms increase. The reverse occurs when the non-abusing parent suffers anger, disassociation or depression, and fails to provide the child with a context of safety. In Chemtob and Carlson's study (2004:224) when the non-abusing parent failed to secure health services for their affected children, 40 per cent of them presented with posttraumatic stress disorder (PTSD) two or more years after the last witnessed episode of abuse. It can therefore be understood why Mary (CC) concluded that children witnessing domestic violence was a concern.

The participants' concerns about substance abuse will be discussed separately below.

- **Substance abuse in the home**

Substance abuse is known have negative outcomes on parent-child interactions (Johnson et al 2014:97). The high rate of substance abuse in impoverished South African communities has harmful consequences for the well-being of children (Ben-David & Nel 2013:421). Participants presented substance abuse as one of the most prevalent causes of child neglect in their community.

Jay (CC) said the following: *"The majority are guilty of poor parenting, because you will find the parents just forget about their children. They are negligent. They just go and drink."*

His perspective was supported by Mary (CC), who shared how substance abuse affected the parents'/ primary caregivers' priorities: *"The other examples of bad parenting is alcohol and drugs. These parents who have small children... taking the little money that they got in the house and go and spend that money on drinking and smoking, and whatever else they are taking. To put your child last, and your bad habit first!"*

Carol (PPC) mentioned substance abuse whilst discussing 'bad' parenting practices in Welbedacht East. She said: *"The parents are sitting smoking. They are drinking. Some of them are smoking dagga and some of them are just smoking cigarettes. But they are neglecting. Who is supposed to wake them up (referring to the children), bath the children, and send the children to school so they can keep up with the others when the parents have been too busy partying?"*

Some participants noted that substance abuse was responsible for some parents/ primary caregivers diverting the income that should have been used to provide for the child's basic needs to fund the parent's/ primary caregiver's alcohol or drug habit. To illustrate this Vihaan (CC) explained the situation he witnessed regularly: *"...and then because poverty is high there is a lot of drugs, alcohol is another story! ...And in every second home somebody is selling something... It's not only Welbedacht East... I am speaking about Welbedacht itself because East and West, I work in both areas... Drugs is our major problem and alcohol is another major problem, and then also, the parents themselves don't follow the path of righteousness. They are all drinking and they are all*

smoking this Whoonga⁴ and this... what they call Mercedes Benz... these pills and things. So whatever monies they earn goes to these vices and then the children are neglected badly."

Poor allocation of family income was given as reason for the poor school attendance of some children. After discussing the CSG, Betty (CC) explained: *"So now, what these parents do, they will drink out their money. When they go in the morning to collect the child's money, they will drink it out. You ask the child a couple of days later or the next week, 'Why are you not going to school?'. 'No, my mother has not got any bus fare'. I ask them, 'You know what happened to the grant money that your mother collected?' 'My mother had a party by the house'."*

Some parents were reported to break the law and send their children to buy alcohol for them. Betty (CC) gave an example: *"And it's also why I am saying it's not good enough... or not good at all... on top of that the mother sends the child to go and buy beers at the shebeens. This is very, very wrong."*

Parental abuse of alcohol was linked to parents encouraging the underage drinking. One who was enraged about this was Vihaan (CC): *"We see it in December... periods that when they finish school. The youth are consuming alcohol... far beneath the legal age. Let's say 10, 12, 13 years of age... they are already taking alcohol."*

One of the community champions, Karima (CC), suggested that the problems that children experienced in the home led to them using drugs: *"...Also I will say about children on drugs as well... yes we are talking about children under nine... Sometimes the problem starts when the two parents separated... there is a divorce, and then they have more of a problem, because whatever is the parents' problem automatically affects the child. It disturbs the child, so the child gets disturbed."*

As suggested by Choate and Engstrom (2014:375), when a parent uses alcohol or drugs to manage issues they are struggling with, parental responsibility is affected negatively, which is an underlying cause of child neglect (North 2013). It is further stated by Holborn and Eddy (2011:14) that even though children recognise the harmful effects of using alcohol or drugs, those who decide to use them do so to help them calm their nerves,

⁴ Whoonga is a street drug made from a mixture of low-grade heroin and other additives like rat poison. It is often smoked with cannabis. Its trade name is "Sugars" in Chatsworth, Phoenix, and Wentworth. It is also known as "nyaope" or "wunga".

relax them, and assist them to forget their troubles. Children using substances are at greater risk of being a perpetrator and/or victim of crime (Holborn & Eddy 2011:13). The link between substance abuse and domestic violence is evident in literature (Hope & Van der Merwe 2013:31).

Both the physical abuse and sexual abuse of children were associated with 'bad' or 'risky' parenting in Welbedacht East.

- **Child abuse: physical and sexual**

The link between substance abuse and the physical abuse of children is made by several authors (Green & Hartweg 2004:188; Hope & Van der Merwe 2013:315). Research participants raised their concerns about this.

This is what Jay (CC) said: *"Most of these existing parents, they don't care for their children. When the children start asking for food in the morning these parents start beating up their children. We are talking about cases that we saw happening here in Welbedacht. And alcohol... If there will be another way. For people to be taught how to drink alcohol, because that is where child abuse comes from. When they are drunk."*

Ethel (PPC) said: *"Some children are left alone while parents are gone to work. Some, are left with untrustable people, where they get abused. Where they are physically, emotionally or sexually badly treated... That person is a partner. Some people don't like not having another person in their life. They get involved without thinking about their children. They are the ones that create the risk."*

Thoko (CC) confirmed the high rate of child abuse, and then went on to discuss the sexual abuse of children in one particular area of Welbedacht East: *"Also there is abuse. Sexual and physical abuse is high! Especially where there are those shacks. As you know Welbedacht has got some shacks. So there is the one area that they call 'Tin Houses' by the bus rank. That place health-wise is not good for the children. You will find that one family lives in one room. There is the mother and a father and there are children and there is no privacy. They are all in one room. There is no privacy. The children can practice what they see their parents doing in front of them. So it is not good for the children."*

Betty's (CC) narrative supported Thoko's (CC): *"Parenting is bad because like I said, most of the parents are single. And because you are single you are vulnerable. It is bad*

for a mother to sleep with a man in front of the children. It is bad for the mother to sit and drink in front of the children. The children see it and they want to try it out... It's bad for the mother to sit up all night with the children watching TV and having beers with your friends there in front of them..."

And then Betty (CC) went on to explain her fear about her daughter's safety, as several children that her child played with had been sexually abused; one by a step-father and another by a biological father. This is how she explained it: *"The children used to have sleepovers... They (referring to her neighbours) always cried for my daughter to sleepover because she looked like a princess. And then I found that where she was sleeping across the road... that man raped... the stepfather raped the daughter. And she also slept by another friend of mine's house... that father, the child's own father was also accused of touching the child in an indecent way and so I stopped all of that. So now sleeping over is not more an option in my house."*

The sexual abuse of children was mentioned as a serious threat to children living in Welbedacht East. Overcrowded households, lack of privacy for adults, poor parental monitoring, and substance abuse were some of the identified precursors that led to the sexual victimisation of the local children. The broader social system factors, such as unemployment, stress, and poverty, appeared to contribute to the situation (Hope & Van der Merwe 2013:316).

5.5 CHAPTER SUMMARY

At the outset of the chapter, the researcher mapped out how the findings were relevant to the two overarching questions and demarcated what the focus would be for each of the three chapters containing the findings, namely Chapter Five, Six and Seven. The biographical details of the research participants were presented in both a narrative and tabulated format to make the key characteristics of the participants, as relevant to the study, known (Mabuza Govender et al 2014:7). The purpose of this chapter was to begin the construction of the understanding of the Welbedacht East parents'/ primary caregivers' perceptions and practices of 'good enough' parenting. Three themes were identified and discussed. Quotations taken from the transcriptions of the research participants' interviews were used extensively to bring their descriptions and meanings to the foreground (Creswell 2014:204). Literature was integrated throughout to compare and contrast the locally specific perspectives.

The next chapter develops a deeper understanding of the factors that challenged 'good enough' parenting practices in Welbedacht East according to both samples sets, parents/primary caregivers and community champions. It identifies what protective factors were recognised as being in place to strengthen the parenting practices in Welbedacht East. This systemic understanding was needed to develop a contextually and culturally relevant parenting support intervention.

CHAPTER SIX:

PART 2 OF THE FINDINGS – FACTORS THAT IMPACT ON PARENTING PRACTICES IN WELBEDACHT EAST

6.1 INTRODUCTION

Chapter Five was the first of three chapters assigned to presenting findings that would help to answer the two overarching research questions:

- “What are the Welbedacht East parent’s/ primary caregiver’s perceptions and practices of ‘good enough’ parenting?”
- “What should a locally specific parenting support intervention entail?”

The first purpose of Chapter Five was to share the parents’/ primary caregivers’ and community champions’ perceptions of ‘good enough’ parenting. This would help to determine what they believed needed to be included in a parenting support intervention that would be considered contextually and culturally relevant, in their estimation, for Welbedacht East parents/ primary caregivers who were parenting children under nine years of age. Participants identified specific behavioural anchors of ‘good enough’ parenting that were generally consistent with scholarly works, as discussed in Section 3.4.1.4.

The second purpose was to consolidate the participants’ perceptions of the general quality of parenting in Welbedacht East, using their indicators of ‘good enough’ parenting. Their ratings of the quality of parenting were plotted along the continuum of parenting competency, using the three levels of parenting introduced in Section 3.3.3 (Kellett & Apps 2009:30-31; Ramaekers & Suissa 2012:88; Widding 2014:45-46). It was apparent that some parents/ primary caregivers were ‘good enough’ and some were not. Those who were rated as ‘good enough’ were reported to have struggled to fulfil the ‘good enough’ parenting indicators and made personal sacrifices to achieve this level. Some parents/ primary caregivers who had positive intentions to be ‘good enough’ parents failed because their parenting abilities were compromised by their challenging contextual realities. They needed additional support to enable them to meet several of the ‘good enough’ parenting indicators as identified by the research participants. Some parents/ primary caregivers were rated as ‘bad’ or ‘risky’ parents. The discussion of these parents revealed several common, harmful parenting practices that affected the well-being of children living in Welbedacht East. All these findings offered support for the development of a customised parenting support intervention for this community.

However, before such an intervention could be developed, a deeper understanding was needed about what the contextual factors were that prevented the parents/ primary caregivers from being the ‘good enough’ parents they wanted to be.

The findings of Chapter Five are further meant to help create a baseline against which the outcomes of the developed parenting support intervention will be measured at a more advanced stage of the development of the intervention, as per the expectations of the IDD Model (see Section 1.9.1).

Guided by the bioecological and social inclusion theoretical framework, as presented in Chapter Two, the focus will be on the contextual factors and processes that were identified as undermining and/or facilitating parenting practices in the Welbedacht East community. The purpose of doing so is two-fold:

- To develop a realistic appraisal of the contextual and systemic factors that affected this marginalised group of parents’/ primary caregivers’ parenting, highlighting the resources available to them and the risks they had to contend with (Johnson et al 2014:105; Sung & Su 2007:4).
- To identify the role that culture played in Welbedacht East in shaping parenting practices to develop a locally specific parenting support intervention that would be culturally sensitive.

These insights fulfil the objectives of Phase 1 of the IDD Model, Step 3 and 4, involving participants and identifying the concerns of the population, as well as analysing the identified concerns (see Section 1.9.1 and Section 4.4.5.2). Step 5 of Phase 1, entails setting goals and objectives for the intervention, and is discussed as Part 3 of the findings and therefore will be presented in Chapter Seven. Chapter Seven will refer to the resources and topics that the participants recommended for improving parenting practices in Welbedacht East that were used to formulate the goals and objectives of the parenting support intervention.

Chapter Six presents the three parts of Part 2 of the findings:

- Factors that challenged parenting practices in Welbedacht East.
- Protective factors and community resources that the parents/ primary caregivers accessed.
- Culture and its influence on parenting practices in Welbedacht East.

To introduce this theme, an extract is taken from one of the interviews with Hle, a parent/primary caregiver: *“Welbedacht is like a place that is cursed. It is not a place that you can be proud of. We need help here. Something to make us as people feel that we will be assisted. When we cry, we must be heard. We are not safe here. Here, you can only trust your family. We don’t trust the police, and the social workers are never here for us. We don’t get help anywhere.”*

Social inclusion is about social justice, ensuring that people’s dignity is respected, enabling them to participate fully in society, and promoting their access to resources and opportunities so as to enhance their well-being (Gidley et al 2010:134). Hle’s (PPC) narrative reflects just the opposite. When acknowledging her position as a parent in Welbedacht East, one is informed of the stresses that parents experience trying to survive in a challenging environment with few resources and limited offers of support. It must be asked whether advancing the personal knowledge, attributes and abilities of parents/ primary caregivers is sufficient to raise the level of parenting practices. Expecting parents/ primary caregivers living in this context to perform as ‘good enough’ parents without additional support or direct access to resources is unfair and unjust, and unlikely to bring about sufficient change, as in Hle’s (PPC) situation for example. With this in mind, the researcher wanted to determine what factors impacted on the parents’/ primary caregivers’ ability to be ‘good enough’ parents, to alert her to the resources, opportunities, and parenting knowledge that they believed they needed to be ‘good enough’ parents. The factors identified would determine what the focus of the parenting support intervention would need to be.

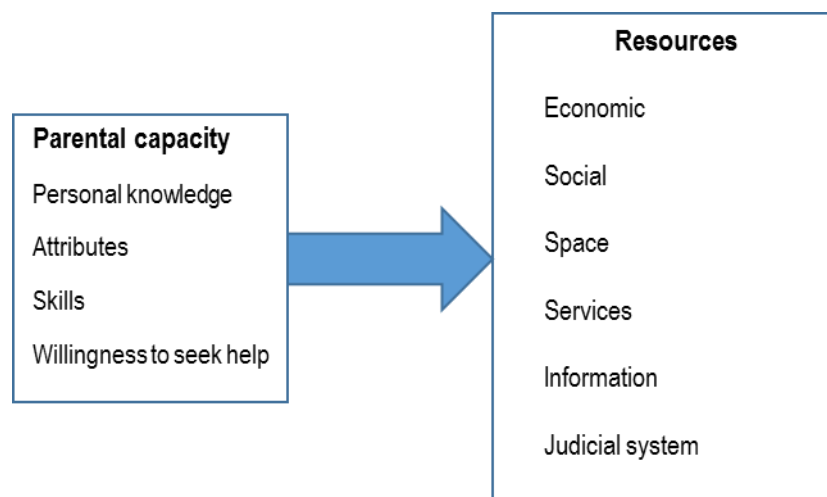


Figure 6.1: Parental capacity and supporting resources as relevant to social inclusion

The chapter will be divided into three sections: factors impacting on parenting practices in Welbedacht East; protective factors; and culture and its effect on parenting practices in Welbedacht East, including the value of cultural pride. The themes and sub-themes are tabulated below.

Table 6.1: Outline of Chapter Six according to themes and sub-themes

SECTION OF FINDINGS	PART 2.1	
MAIN THEME OF PART 2.1	FACTORS THAT CHALLENGED PARENTING PRACTICES IN WELBEDACHT EAST	
SUB-THEMES	Community infrastructure Family structures	Social problems Personal factors
SECTION OF FINDINGS	PART 2.2	
MAIN THEME OF PART 2.2	PROTECTIVE FACTORS AND COMMUNITY RESOURCES THAT PARENTS/ PRIMARY CAREGIVERS ACCESSED	
SUB-THEMES	Protective factors	Resources
SECTION OF FINDINGS	PART 2.3	
MAIN THEME OF PART 2.3	CULTURE AND ITS INFLUENCE ON PARENTING PRACTICES IN WELBEDACHT EAST	
SUB-THEMES	Culture does not affect parenting Culture does influence parenting The positive outcomes of race and culture	

The discussion of the chapter commences with the factors that participants indicated impacted on parenting practices in Welbedacht East.

6.2 PART 2.1 OF THE FINDINGS: FACTORS THAT CHALLENGED PARENTING PRACTICES IN WELBEDACHT EAST

Participants in both sample groups were asked to describe the factors that made it difficult for parents/ primary caregivers living in Welbedacht East to fulfil the indicators of 'good enough' parenting. Many factors that challenged their parenting were mentioned and are arranged in four sub-themes that discuss several different categories within each sub-theme. They are: community infrastructure, family structures, social problems, and personal factors. The sub-themes and categories are tabulated to orientate the reader to the structure and order that the discussion follows.

Table 6.2: Part 2.1 of the Findings – Factors that challenge parenting practices in Welbedacht East

SECTION OF FINDINGS	PART 2.1
MAIN THEME	FACTORS THAT CHALLENGE PARENTING PRACTICES IN WELBEDACHT EAST
SUB-THEME 1: COMMUNITY INFRASTRUCTURE	CATEGORIES: <ul style="list-style-type: none"> – Isolation/ lack of support/ lack of trust – Inadequate community infrastructure – Lack of affordable transport – Housing and living conditions – Lack of leadership and inactive community councillors
SUB-THEME 2: FAMILY STRUCTURES	CATEGORIES: <ul style="list-style-type: none"> – Prevalence of teenage mothers – Concerns regarding the high number of single parents – Consequences of promiscuity – Lack of family planning
SUB-THEME 3: SOCIAL PROBLEMS	CATEGORIES: <ul style="list-style-type: none"> – Poverty and unemployment – Alcohol and drug abuse – Crime
SUB-THEME 4: PERSONAL FACTORS	CATEGORIES: <ul style="list-style-type: none"> – The “don’t care” attitude/ apathy/ laziness of parents/ primary caregivers – Lack of hope – Parents’/ primary caregivers’ personal experiences of being parented – Parents’/ primary caregivers’ lack of education

The discussion commences with the infrastructural limitations of Welbedacht East, reflecting the combined opinions of both community champions and parents/ primary caregivers.

6.2.1 Sub-theme 1: Community Infrastructure

Child development and well-being are closely associated with the quantity and quality of resources or services available to families (Eamon 2001:260; Scannapieco & Connell-Carrick 2002:609). Suitable schooling, health services, housing, and supportive services are needed to raise healthy children (Paat 2013:960). Yet, vulnerable families, those in dire need of supportive resources, tend to be the ones who struggle to access these essentials the most. They are expected to secure an income, meet their financial obligations, manage with poor housing, feed their children, safeguard their health, and manage their personal stress on their own (Butler et al 2012:523). The dangers of social exclusion for families in these situations are discussed in Section 2.4.

This sub-theme was further sub-divided into different categories as identified by participants: parental isolation/ lack of support/ lack of trust; inadequate community infrastructure; lack of

affordable transport; housing and living conditions; and the lack of leadership and inactive community councillors.

SUB-THEME 1	INADEQUATE COMMUNITY INFRASTRUCTURE
<ul style="list-style-type: none"> • Isolation/ lack of support/ trust • Inadequate community infrastructure • Lack of affordable transport • Housing and living conditions • Lack of leadership and inactive community councillors 	

The discussion commences with the isolation experienced by parents/ primary caregivers associated with their relocation to Welbedacht East.

6.2.1.1 *Isolation/ lack of support/ lack of trust*

Links between families and other groups are important, because they provide a sense of connection and support, particularly for parents (Weisner 2010:218). This reality is explained in Section 2.4.4. In the absence of support, parents, especially those living in LSEEs, struggle and become insecure (Sousa 2005:177; Van Mourik et al 2016:347). They have no one to turn to when stressed (McArthur, Thomson, Winkworth & Butler 2010:33). Social support offers the benefit of an increased personal network, which helps to open doors to other forms of support that parents need (Jordan et al 2014:405; Sousa 2005:177). The degree of social support in the modern world is diminishing. The strong ties between families and neighbours are lessening, and community living is no longer the norm as a result of urbanisation (Sampson 2003:S58). Community champions shared that parents/ primary caregivers living in Welbedacht East had limited opportunities to engage with supportive networks. Similarly, some parents/ primary caregivers expressed a need for increased support to replace that which they had lost when relocating to the community, since it was difficult to develop trust in people who were unfamiliar.

The point made by Dina (CC) was that many families living in Welbedacht East had been relocated from other areas and not really by choice, and as a result they continued to feel unsettled: *“I think some of the factors is that some people were moved to Welbedacht East, not out of choice. They may not really feel settled in the community and that may be one of the factors. They really don’t like it, but they really don’t have anywhere else to go.”*

Dina (CC) expanded further on the consequences of geographical separation between parents/ primary caregivers and the loss of extended family relationships: *“They have been moved away from their main support systems... Because I know one family who has been*

moved away. He used to stay in Chatsworth, which is close, but it is not close enough for him to go next door. His daughter is there, and his son is there. He still has to take a taxi like to go and visit his daughter and his son. And things like that."

Evidently, Lindiwe (CC) agreed and she used the term "dislocated" to describe separation from extended family systems. Lindiwe (CC) noted that families had become scattered: *"Well these RDP houses have taken them away from their families. They are dislocated away from their close family members. Someone lives there, and another lives there, and another lives there."* Using the phrase "taken them away" implies that theirs had been an involuntary separation from kinship networks.

The description of the relocation process given by Kuhle (PPC) alerts one to her sense of being disposed of when she, as a new resident, was moved to her government sponsored home: *"Life at the beginning... Whew! We were brought here. We came from our Mjondolo's. The man that brought us here... we don't know where he is. We were just thrown here. No one cares about us. We regret so much about coming here. When we got here... everything changed. We lost direction. My direction is lost. I am living here, but I don't know what to do to get out of this."* Her narrative suggests that she still had not recovered from the losses experienced by moving, particularly the loss of her life's purpose.

Faith (PPC), as cross-border migrant, found that her relocation was a challenge. She was uncertain about whom she could trust and, as a foreigner, feared being victimised: *"I don't know where to get help, I can't trust people. I don't know who is a friend. So you see if someone asks me for R1.00, I just give it, because I am afraid. Maybe if I don't they may poke me (stab). I rather give it, but actually I am forced to do so because I am afraid."*

According to the perspectives shared, extended family members and other caring people were needed to form a convenient source of support for parents/ primary caregivers to replace the relationships they had lost when relocating to Welbedacht East. Amongst the benefits of such informal support would be people who could offer them time off from their parental responsibilities, advice, and emotional and financial assistance, as suggested by McArthur et al (2010:33). In the absence of these, some scholars suggest that formal organisations need to be developed to foster trust, shared norms, solidarity, and loyalty to compensate (Abbott, Wallace & Sapsford 2016:259). The process of social inclusion enables people from different groups and interests to become integrated, thereby enabling isolated community members to share social relations and support one another in the absence of the family networks at both micro- and meso-levels (Abbott et al 2016:261).

The participants raised the inadequate community infrastructure of Welbedacht East, as one of the factors that compromised parenting practices there.

6.2.1.2 *Inadequate community infrastructure*

According to the narratives of community champions and parents/ primary caregivers, the parents/ primary caregivers living in Welbedacht were not only isolated from the support of extended family and social networks, but also the services needed to safeguard the well-being of their children. Lack of basic services are factors known to affect the quality of parenting, as noted in the literature (Butler et al 2012:578; Eamon 2001:260; Scannapieco & Connell-Carrick 2002:609). This theme was presented in Section 2.4.1. Three categories of services facilitate the well-being of families, as mentioned by Butler et al (2012:578): everyday services, specific services, and intensive services. Everyday services include general practitioners, schools, social relief agencies, hospitals, and childcare. Specific services include charities that, for example, provide food vouchers and financial assistance in a crisis, as well as services provided by psychologists or counsellors. Intensive services are those needed for domestic violence, such as police, child protection services, drug and alcohol services, and mental health services for severe mental health problems. Services and crisis services were mentioned in the discussion of social inclusion (see Section 2.4.1.2 and 2.4.1.3). The responses of participants pointed to the lack of services in all three categories, as will be noted in the excerpts that were taken from their transcribed interviews. In particular, participants referred to the lack of: social services/ support, educational facilities for their children, a police station, healthcare facilities, and recreational facilities.

- **Social services/ support**

Poverty exposes families to multiple stressors, internal and external, that leave members vulnerable unless they are able to access assistance when experiencing problems (Katz et al 2007:8; Teixeira de Melo & Alarcão 2011:400; Waldegrave 2005:270). The assistance that is provided by formal institutions, such as government agencies and the non-government sector, is referred to as linking capital, because they serve vulnerable families as brokers of services (Winkworth, McArthur, Layton and Thompson 2010:214). They link families to different services to make sure that they receive the support they need (Jordan et al 2014:405; McArthur et al 2010:33). The services can be multi-tiered and include a combination of individual, family and group counselling, as well as a broad range of practical help and support from different sources (Strydom 2012:437; Strydom 2013:502; McArthur et al 2010:163) (see Figure 2.5 in Section 2.4.1).

A common obstacle experienced amongst families in this sector is transport. Accordingly, services need to be located within disadvantaged neighbourhoods to increase the chances of vulnerable families making use of them (Katz et al 2007:5) or, as proposed by Grimes and McElwain (2008:224-225), counsellors should be prepared to meet vulnerable clients in their own neighbourhoods. This was not experienced in Welbedacht East. The main social service agencies were based in Chatsworth: healthcare, education, social protection, the Department of Social Development, the Chatsworth Child and Family Welfare Society, and the local government offices for water, sanitation and electricity. The welfare departments mentioned had to absorb the cases in both Welbedacht East and West in addition to their regular Chatsworth workloads with the development of two low-cost housing areas. With a population of close to 200 000 (eThekweni Municipality 2012) in addition to the people living in Welbedacht East and West, there were not enough social workers to service all four communities, as typical in the South African context. As noted by McLea and Mayers (2017:424), this results in social work services barely being visible in the communities they serve, which is often misconstrued as their being inaccessible and disinterested. The shortage of social workers has been further exacerbated by the national mandate to prioritise services for children, the elderly, and disabled persons (McLea & Mayers 2017:424), limiting social services for parents/ primary caregivers. There were some welfare organisations that rendered satellite services in Welbedacht East, but these were limited and poorly advertised, and research participants did not seem to know about them.

As Mary (CC) pointed out: *“...if you look at it right now... the only type of counselling that most people can get is if they go to the social workers. And you cannot go and see a social worker now, when you got your own personal issues. You can only go and see a social worker if there is a problem with your child and if you want them to help or a problem with your husband. We don't have anything in place where people can... like a support group I would say. Where you can sit down and talk about issues.”*

Her response clearly indicated the scope of available services was narrow. A study of the Ekurhuleni community, one with similar socioeconomic characteristics as Welbedacht East, confirms the difficulty that clients who live in LSEEs have to access specialised services (Nhedzi & Makofane 2015:367). Communal resources such as developmental centres, substance abuse services, and home-based care organisations are limited. Several South African based scholars point out that even though current welfare policies stress the importance of strengthening families, there is a shortage of

communal services to enable families to cope with personal issues such as trauma, loss and bereavement, and marital relationships (Hope & Van Der Merwe 2013:324; Strydom 2010:67).

Referring to the need for everyday services, Grace (CC) said the following: *“What is there (referring to services in Welbedacht)? Not much. You see the schools are far away... the schools are not nearby. The clinics are not nearby. And those are the most important things. Schools, clinics, even police are not even nearby...”*

The examples shared refer to everyday services that were lacking. An everyday service that created a challenge for parents/ primary caregivers was the lack of schools in Welbedacht East.

- **Schools**

One of the most pressing concerns mentioned was the inadequate number of schools built for the Welbedacht East community (there was only one primary school). Welbedacht East parents/ primary caregivers had no other option but to enrol their children in schools in another ward, which created challenges such as transport costs, risk factors for children who had to walk, and limited engagement with their children's schools.

The only primary school in the community offered formal education for learners from Grade R to Grade 7 which, given the size of the community, lacked the capacity and resources to accommodate the local children. Of the four ECD centres in the community, only one was registered. There was no high school in the community.

Jay (CC) sketched the implications: *“Ja, 1 200 children and only 32 teachers, 22 classrooms. The school itself has no playing fields or recreational facilities. The school has a soup kitchen. Pathetic health conditions! And you will find children around the school. Not in class, standing on the street corners, and things like that. Those children cannot be accepted in the school, because the school is overpopulated... Now this school was built in 2009, as a pilot project, and a few years later they were promised extensions to it. But the system has failed them.”*

The resources that are currently lacking, as mentioned by Jay (CC), are what Abbott et al (2016) suggest should be “taken-for-granted” activities or services. The strong adjectives he used to describe the problem, “pathetic” and “overpopulated”, suggest

Jay's (CC) contempt for the real problem, which he lay at the government's door. It is argued that education is a powerful tool for social inclusion and, therefore, should be prioritised to change the social context of young people (World Bank 2013:22).

The parent/ primary caregiver group did not refer to the lack of local schools as a parenting challenge. This only came to the fore in response to the question that was related to the resources they felt were needed for Welbedacht East parents/ primary caregivers to improve their parenting practices, as will be presented in Chapter Seven. As pointed out by Atilola (2014:4), access and use of early-childhood educational resources in sub-Saharan Africa is poor, explaining why the gross enrolment rate is only about 18 per cent. There was just one government subsidised ECD centre in the community, making ECD education a luxury that many families in Welbedacht East could not afford. The other three ECD centres were not monitored to make sure that they complied with the norms and standards of ECD centres.

The issue of not having a local police station was recognised as compromising the safety of parents/ primary caregivers, especially amongst the parent/ primary caregiver sample of this study.

- **Policing**

Welbedacht East was described as a high crime zone and therefore parents/ primary caregivers worried about the safety of their children and themselves. This is evident in their responses relating to the absence of adequate policing services.

Participants	Quotation
Grace (CC)	<i>"Schools, clinics, even police are not even nearby..."</i>
Hle (PPC)	<i>"We are not safe here. Here, you can only trust your family. We don't trust the police, and the social workers are never here for us."</i>
Khule (PPC)	<i>"I am living here, but I don't know what I have to do to get out of this... There is no safety! No one cares! You can't even run to anyone to cry. Where have you ever seen a place that is as big as this, that does not have a police station? Not even a small one! When we call the police, they ask us how serious the problem is, before they come. If they decide the problem is not that big, they will tell you that they are coming to fetch the trouble-maker, but they never come. There is not even a caravan that is based here that you can call (referring to a mobile unit). The delay in their responses is very bad."</i>

Olga (PPC)	<i>"The people here are very tired. That is the truth. The justice system, or the police, they do not care. They just do not care. It is unbelievable. You can report a case, but there will be no follow up. I have experienced it. Our house was broken into. They (referring to the intruders) got in and did their thing and they forgot their gun. We called the police. We last saw the police, here, on the day of the incident, here in my house. Since then there has been no follow-up. No one has let us know how things are going and if there are any leads. And the other thing, is that when a person is suspected of doing whatever, and the person is arrested, but not long after, you will see the person again walking on the streets, with no-one telling the person who opened the case. They just see him released."</i>
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The narratives reflect the parents'/ primary caregivers' sense of vulnerability and despondency about living in a community where they do not feel safe and where there is no active presence of policing to protect their families.

Their concerns as expressed are valid given the serious crime statistics in South Africa, with the murder statistics for 2016/2017 having increased by a 1.8 per cent, and the fact that vulnerable groups are more at risk of these criminal acts (Kempen 2017:27). Several authors note that those living in disadvantaged communities are more affected by gang violence and domestic violence, with African and Coloured men and women being disproportionately murdered and their children disproportionately exposed to drugs and criminal activity in their neighbourhoods (Kempen 2017:27; Prinsloo & Ovens 2016:74; Silber & Geffen 2009:36). Despite this, as noted by Silber and Geffen (2009:36), more financial resources for alleviating crime are being directed at the affluent areas, leaving Black and poor people (such as those living in Welbedacht East) with inadequate policing services.

The next issue raised was the problems parents/ primary caregivers experienced with the health clinics. Once again, the parents/ primary caregivers had the most to say about this, as will be seen from their comments.

- **Healthcare facilities**

The accessibility of health services is discussed as a primary indicator of social inclusion (see Section 2.4.1.2). Healthcare is further discussed as an exo-system factor that has significant influence on the well-being of children and parental ability to promote the physical well-being of their children (refer to Section 2.6.3). A positive intention of the African National Congress' (ANC) health plan after 1994 was to establish a clinic infrastructure programme that would ensure primary healthcare, particularly for users in LSEEs and mothers and children younger than nine years, without any cost to them. Additionally, key drugs in public healthcare facilities were meant to be improved.

Guidelines for practice were developed and issued to the primary health clinics and public hospitals (Coovadia, Jewkes, Barron, Sanders & McIntyre 2009:825). Contrary to these anticipated changes, the parents/ primary caregivers had not seen any evidence of them. Their experiences were quite different. They reported the absence of a local primary healthcare facility in Welbedacht East and complained that the only health service they could access within Welbedacht East was a mobile primary healthcare clinic that was reported to be in attendance irregularly. A provincial primary health clinic, that used to operate from the Ashram, was closed during the period of the study without an explanation to the community. This development forced parents/ primary caregivers to attend the primary health clinics in Chatsworth. Those needing prescription medications, medical consultations with a doctor, treatment, investigative procedures, or emergency healthcare had to attend the public hospital in Chatsworth. The narratives presented illustrate their dissatisfaction about the health services they received.

Elias (CC) described the terrain of Welbedacht East as being a challenge for parents who needed to take a child to the clinic: *“It is so broad, so spread out, so hilly and all the medical services are all in Chatsworth. So when a child is very ill he has to go to Chatsworth for specialised services. That is why clinics are needed.”*

The stress of mothers who have to walk with their children to get treatment, because of time and the other associated effects (Bostock 2001:13), as will be elaborated upon under the category of lack of affordable transport.

The parents/ primary caregivers had many complaints about the quality of care provided by the primary health clinics. Their complaints were about the lengthy queues, not being able to access treatment and/or testing for medical conditions, and being discriminated against by the healthcare staff.

Angel (PPC) complained about having to attend the Chatsworth clinic: *“Actually, the clinic is a challenge. Sometimes I go there at about six o’clock, and the queues are full, full, full. And it only opens at eight o’clock. And you stay in those long lines and only come back at about four o’clock in the evening.”*

Another participant, Ethel (PPC), shared the following: *“I think we should have another clinic. This one is useless. It comes once a month (referring to mobile clinic). And when you go to the Ashram, you have to go six or seven o’clock and they only come at nine.”*

Then the nurse talks, and then they see patients one by one. She takes a long time with each patient. Then they go on tea break."

Apart from the long waiting period, Ethel (PPC) talked about not being able to access routine health checks, such as the one she needed to monitor her diabetes: *"So many times I went there to test for my sugar. They say I am too young and I don't need a sugar check. The problem is they don't offer all the services."*

The two Zimbabweans, Carol (PPC) and Faith (PPC), talked about the discrimination they suffered as cross-border migrants. First Carol (PPC) said this about the clinic: *"When I was pregnant with my son I went to register my pregnancy. I remember one Sister saying 'Why are you coming here to have babies? Why don't you go back to your country?' So these are some of the things that make you feel neglected. You feel rejected, especially while you are pregnant."*

Then Faith (PPC) spoke about the situation: *"I know one nurse there... She always shouts at me. She told me to go to Zimbabwe to have my baby. She says the medicines are for the South African citizens... not for us."* She continued with her story, sharing that she changed to another clinic to avoid the rude healthcare practitioner, only to find that it was no better: *"So I go to another clinic... You know the one at the hospital? It is very hard for me to ask questions. I keep quiet 'cos then maybe they will give me medicine. I have to show them respect even though they don't respect me! Even then they shout at me. It is hard... they don't want to give the medication. They say I am finishing the medicines for the citizens and so I must go back where I came from. I have only mentioned two people. There are so many that treat us like that. I just don't have any way to report this. It is very hard."*

Whilst it is noted by Hölscher (2016:67) that cross-border migrants experience exclusion, she refers to the relationship between migrants and resident communities, not service providers and migrants. It was not just the Zimbabwean participants who complained about the clinic staff, however. Rekha (PPC) too reported feeling judged by them: *"The clinic I am telling you about is at the bottom (referring to its lower location in relation to where she stayed). It is not nice to go there. They put people down instead of helping them. They don't build them up. So I can really say that they don't give us support."*

The majority of South Africans rely almost exclusively on public healthcare, yet it remains under-resourced and poorly managed, with the high demand exceeding the services made available, therefore failing the people who need healthcare the most (Plaks & Butler 2012:138). For the parents/ primary caregivers in Welbedacht East, the problem was aggravated by the absence of a fully operational healthcare facility in their neighbourhood. The services they had access to did not accommodate their healthcare needs and preferences and did not offer the kinds of services that parents/ primary caregivers desired, such as: prescription medications, medical tests, and specialised services. The complaints of research participants were mentioned by participants in Plaks and Butler's study (2012:146) who reported: long waiting times (poor accommodation); unavailable medications (non-availability); and rude staff (poor acceptability). In addition to these, the parents/ primary caregivers experienced a fourth challenge: the geographical location of the healthcare services (poor accessibility). This confirms that the access that the parents/ primary caregivers had to healthcare was poor (Plaks & Butler 2012:131).

The lack of recreational opportunities for families in Welbedacht East was a concern that participants frequently mentioned

- **Recreational facilities**

Spaces, such as recreational facilities, are indicative of socially inclusive societies (refer to Section 2.4.1.4). When not provided, communities have limited opportunities to participate in community activities, connect with social networks, and enjoy recreational activities for physical, psychological and social well-being. What is commonly accepted in literature as universal recreational and extended educational opportunities (CFCW, in Lippman et al 2009:22-23; Johnson et al 2014:120) were clearly not available to families in Welbedacht East. In the absence of these, parents living in poverty experience cumulative disadvantage, which challenges their ability to promote the development of their children (Teixeira de Melo & Alarcão 2011:401). Creating developmentally enriching experiences for their children creates an additional burden for those who are already struggling to meet their most basic needs (Teixeira de Melo & Alarcão 2011:401).

Jay (CC) complained about the complete absence of these 'spaces': *"There are no resources! Well no playing grounds first of all... There are no recreational grounds. And there are no libraries. There are no computer lessons. No cinemas, not even in the whole of Chatsworth."* He suggested that this was the reason why children were wandering in

the streets: *“The reason why most of the kids are wandering on the streets is because of the sports facilities. They don’t have sport facilities. Secure sport facilities to play on. So, they end up wandering on the streets because they got nothing to do at home, after school hours.”*

It was an issue for Josie (PPC) too: *“Well it’s most likely the shortage of facilities around here.”* Her expectation was very modest: a safe park or a safe area for children to play. The playground that was erected by the local municipality was not considered suitable, as she explained: *“Like the park that we have in Welbedacht is scary. If I had to take my child there I would not be able to take my eyes off him for two seconds. There are like “sugar guys” (referring to drug addicts) walking through there. It is like a pathway for them, so it is not safe. I would like a place to play with my child, which I don’t do much. I just can’t do it in a place like this.”*

The absence of local, meaningful activities for children leads to boredom and predisposes them to negative adult and peer role models in their neighbourhoods (Visser et al 2015:113). The pattern of children loitering on the streets, as discussed by Prinsloo and Ovens (2016:74-75), occurs when environmental conditions are disorganised, and recreational resources are lacking. Children in these circumstances are more likely to be exposed to bad influences, such as criminal youth gangs. The lack of recreational facilities was reported to impact on the general psychological well-being of Welbedacht East community members.

Mary (CC) shared the following: *“...and there is no shopping centres, there is nothing here. They have to... like there are problems with transport... There is nothing! No grounds. There is just nothing. There is nothing that is exciting that you can go outside the door and see... No things that will cheer you up.”* She repeated the word “nothing” several times, reflecting the bleakness of living in a community that lacked ‘spaces’ for them to participate in social or recreational activities.

Outings to parks or places suited to children are known to offer some temporary respite from the harsh realities of the depressing lives of families living in LSEEs (Bostok 2001:16). Play is a natural activity that children use to develop socially, cognitively and physically, and experience emotional wellness. They require safe places to engage freely in such play to advance their well-being (Prinsloo & Wilson 2017:368). However, as similar Prinsloo and Wilson’s (2017:378) study that was conducted in the North West

Province, the children were exposed to negative environmental factors in open play areas, as Rekha (PPC) had stated.

The next category mentioned under the sub-theme of community infrastructure was the problem of lack of affordable transport, as commonly experienced by parents/ primary caregivers in Welbedacht East, which impacted on their ability to fulfil several parenting responsibilities.

6.2.1.3 *Lack of affordable transport*

For families who are disadvantaged, transportation is a basic need that enables them to source the help or services they need for their children (Bostock 2001:11; Grimes & McElwain 2008:224-225). It is further noted by several authors (Bostock 2001:11-15; Kirkpatrick & Tarasuk 2010:1145) that lack of transport is detrimental to a person's health, because when a person is denied access to "people, goods and services", his/her problems are compounded. In the absence of affordable transport, the parents/ primary caregivers of Welbedacht East were forced to travel on foot. Travelling on foot can have negative implications for parents/ primary caregivers: it can create both physical fatigue and psycho-social stress (Bostock 2001:11); the amount of money that mothers have to spend on food is affected, because they are less likely to be able to access cheaper retail outlets which market nutritious food stuffs; parents/ primary caregivers and their children are confined to their homes; the on foot routes often force parents/ primary caregivers to walk through areas that are neglected and littered, which is depressing; and they are exposed to dangerous roads and careless drivers. All of these were relevant to the parents/ primary caregivers in Welbedacht East. The terrain that Elias (CC) referred to was hilly, overgrown by vegetation, and poorly maintained, which made it unsafe for parents/ primary caregivers. It offered a few badly maintained footpaths which forced community members to walk on busy roads. Minibus taxis were the most frequently used mode of transport reported in Welbedacht East (eThekweni Municipality 2013:30), but parents who relied on government grants found the taxi fares too expensive.

Angel's (PPC) description of the cost of a return trip to the closest shopping centre notes her priorities as a poor mother: *"It costs the same as two loaves of bread."*

Even Grace (CC) shared the implications of parents/ primary caregivers having to rely on public transport. She said: *"They (referring to parents) don't have that money to take the children to school, with the transport and stuff being expensive like that."*

This was confirmed by Angel (PPC) too, who noted the link between the transport issues and the children's attendance at school: *"Some of them (referring to the children) don't even go to school, because the parents have problems giving them the money. They can't pay the taxi fare for them to go to school. Some of them won't go to school for the whole term. They stay at home."*

Thirty per cent of the children in Welbedacht East used minibus taxis to take them to school, and 45 per cent walked, mostly to schools situated outside of Welbedacht East, as the local school lacked the capacity to accommodate all of them (eThekweni Municipality 2013:30). This was on average an eight to 10-kilometre round trip for the children, which was noted to affect their concentration and academic performance. Transport is reported as the second highest household expense amongst families in Welbedacht East (eThekweni Municipality 2013:29). Therefore, even though public transport was available to the Welbedacht East families, as parents/ primary caregivers living in a LSEE it was considered a luxury, because they had to prioritise spending money on basic needs (Bostock 2001:13).

Dina's (CC) perspective endorsed this position: *"Transport is an issue. It is hard if you don't have transport... It becomes very expensive if you want to take the children out and things like that. Or you want to take them to places of interest. How are you going to do that when you can't afford to take four or five children, and have to pay taxi fare and return taxi fare?"*

For Angel (PPC), lack of transport meant being confined to her home and her immediate surroundings: *"I would like to be one of those parents that can take my children to the beach when I have time off. When I want to take them, the taxi fare is too high. It is R20 per person from here to town and then coming back is R20. It is too much. We can't go to the beach. We are too far from places... Even if I want to take them to make a picnic. But I can't. Ja."*

The transport issue was challenging for parents/ primary caregivers who had to access provincial and governmental services, because these were all situated in Chatsworth. The taxi drop-off points were not close to the services they needed to access. Angel (PPC) explained it as follows: *"The clinics are not close to us. Home Affairs is far too. Sometimes the taxis don't even take us to Home Affairs. They drop us at Checkers and then we must walk all the way to Home Affairs."*

Transport is one of the services that promote social inclusion (see Figure 2.5, Chapter Two). The lack of affordable transport excluded Welbedacht East families from accessing the services they needed and restricted them from participating in outings that would have

promoted their sense of connection with the outside world (Bostock 2001:16). It was one of the factors that affected the school attendance of children and even placed those children who were forced to go to school on foot at risk, because they had to walk in an unsafe area.

The design of the low-cost houses that were built in Welbedacht East was mentioned as one of the factors that compromised the quality of parenting in the community.

6.2.1.4 Housing and living conditions

When a person owns a house, it represents their access to markets, one of the indicators of social inclusion (see Figure 2.5). The quality and location of the homes that people occupy is acknowledged to influence families at several levels of the bioecological system. As stated by Waldegrave (2005:265), “nothing is more basic to a family than a house”. In the absence of adequate, safe housing in a reasonable state of repair, family members are at greater risk of mental or physical illnesses and other problems (Curtis, Dooley & Phipps 2004:1921; Waldegrave 2005:274). Whilst the government housing scheme had provided 38 per cent of the population in Welbedacht East with low cost houses, 47 per cent of residents are still living in shacks in informal sectors of the community, and 15 per cent in backyard shelters (eThekweni Municipality 2013:33). The onset of many family problems is situated in structural factors, such as bad housing, as identified by research participants.

There were two descriptors used by the community champions to refer to the quality of the Welbedacht East homes: the first was that they were very small and the second was that they offered no privacy. Both were considered to contribute to some of the social problems evident in the community.

In drawing attention to the small sizes of the homes, Pavi (CC) remarked that the sizes of the houses denied parents the most basic form of meaningful activity, namely housework. According to Pavi (CC): “...*they live in RDP homes, so what chores are they going to be doing? They live in a block. A one-roomed block!*”

As Angel (PPC) acknowledged, children have a need to have their own spaces too: “*If only the houses could be extended, because the children are also complaining that they need their own spaces. They want privacy.*”

Lack of space is problematic for families with children, as it restricts them in terms of having a safe place to play and a place to invite their friends over to, and the absence of these contributes to their social exclusion (Davies et al 2008:219). Whilst Prinsloo and Wilson

(2017:378) observe that children can play anywhere, in poor neighbourhoods it is usually outside in the streets, which poses several risks (2017:380).

Several community champions were more direct about the problems that lack of privacy created. Their comments are presented in the table.

Participants	Quotation
Thoko (CC)	<i>"You will find that one family lives in one room. There is a mother and a father and there are children, and there is no privacy. In one room! There is no privacy. The children can practise what they see their parents doing in front of them."</i>
Fikile (CC)	<i>"Those RDP houses they are actually one room... It's not even one bedroom, because everything is done together. It's a room then you have to separate it into a bedroom and a kitchen and a lounge or whatever you want to do. So what I think is that this has an impact on the parenting style. Because say for instance there is a mother and father in the house, the children may be exposed to... well... they actually are exposed to whatever goes on between the parents, whenever the parents fight... or whenever the parents get intimate with each other. There is not enough privacy."</i>
Olga (PPC)	<i>"You see our houses are one-bedroom houses. Whereas we are families. We have children. So you will find that we are all sleeping in one room with the children. You know, sometimes as parents we have disagreements. There is no room where these disagreements or discussions can happen. When we as parents argue, the children can hear the arguments, because there is no private space. Even, sometimes, the arguments lead to a fight... the children pick up on those things. You find this disturbs the child... and the child is not in the 'right space'. In the child's mind they think their parents do not love each other. So, yes. The houses impact on the quality of parenting here."</i>

The participants expressed concern that the small one-roomed, open-plan houses denied families the privacy to dress and undress, and parents/ primary caregivers could not resolve inter-partner conflicts without subjecting their children to their fighting. These narratives conjectured that children growing up in these homes were exposed to adult dynamics.

Whilst Prinsloo and Wilson (2017:379) note that children imitate the issues that they observe in the community when they play, in this instance the concern was that children were acting out what they witnessed their parents doing in their homes.

Nahil (CC) was direct and linked the problem of lack of privacy to the premature sexual behaviour of children, observed in general in the community: *"If you are getting movies and watching pornographic movies and your family are confined to one small room and the children are sitting in the same small room... so what example are you setting? So, if it is good for me then the child will think 'if it is good for my parents, then it is good for me also'."*

These perspectives indicated that housing conducive to parenting had to offer more than just “a roof over their heads”. Like the study conducted by Strydom and Tlhojane (2008:40), the parents/ primary caregivers of Welbedacht East were unemployed and had no resources to extend their homes. The living circumstances described by the parent/ primary caregiver participants caused frustration and conflict and, as noted by Strydom and Tlhojane (2008:40), explained why so many children were found in the streets of Welbedacht East as they tried to escape from their over-crowded homes. There is some evidence that overcrowded homes are associated with parents inflicting physical injuries on their children (Green & Hartweg 2004:189).

The last category for discussion in this sub-theme was the lack of leadership and the inactive community councillors in Welbedacht East, as reported by the parents/ primary caregivers.

6.2.1.5 *Lack of leadership and inactive community councillors*

Principles of social inclusion are discussed Chapter Two (see Section 2.4.2). These were not evident in the transactions between residents in Welbedacht East and local, provincial, and national government representatives. Failed promises to address the needs of the marginalised majority by the South African Government have created an increase in destructive protests by disadvantaged communities throughout the country (Hough 2008:1). Whilst the Welbedacht East community had not engaged in such protests, there were some complaints from parent/ primary caregiver participants about the lack of responsiveness of the authorities to their requests and they spoke of the conflict in the community that was mounting. Their dialogues reflect their sense of hopelessness and despair related to the absence of leadership, particularly within the community and from politicians, which intensified their feelings of being marginalised, ignored, and excluded.

For example, Kuhle (PPC) pointed out the following: *“Instead of us starting to see a positive change, things are getting more and more difficult. It is becoming worse. We were advised that we had to go and vote... vote for the person that will look after us.”* Kuhle (PCC) went on to ask, in the absence of any form of consultation about their needs, what the point of voting was. Previous efforts to report serious issues had made no difference: *“If they really were interested, they would have heard that our children are being raped. We are not free here. We are afraid to raise our children here. You see... just look at the speed humps we asked for. They know that our children are hit by cars, day in and day out. What have they done about that? We need someone who will give us their time. There needs to be someone who is willing to lead.”*

The local politics were described as conflictual, as Kuhle (PPC) went on to explain: *“We are in no man’s land, Sisi. It is bad, Sisi. We don’t know what to do. One day we are told that the DA (Democratic Alliance, one of the political parties in local government) is in charge and then we hear the people are fighting. Last Sunday we were called to vote for whatever. I don’t know for what, exactly, because I was at Church at that time. I heard that people were fighting. I don’t know what the reason for the fighting was about. I asked myself, if I had to get a letter from the councillor at Welbedacht, I would not know where to go. It was better before because there was a guy that we could go to who would write a letter. Now everything is left to us to do on our own.”*

Another participant, Olga (PPC), shared the above-mentioned sentiments: *“The challenge is that we don’t have an active councillor here. And so when you need to get something important done, such as if you want to get some professional help, you need to give proof of your address. You have to get the councillor to sign that. And we don’t have a councillor here. You won’t find the councillor here. There is no way that you will ever get that letter signed. So we need a councillor that is around.”*

The low quality and lack of effectiveness of community leadership, particularly the local councillors who are difficult to reach, are mentioned by other researchers as well (Hough 2008:1; Nel & Roestenburg 2004:119).

It was evident that there were challenges that related to the inadequate infrastructure for families in Welbedacht East. There were inadequate opportunities for social support and social services were scarce, poorly marketed, and inaccessible. The available healthcare services were poor, lacked capacity, were not easily accessible, failed to offer the healthcare services that parents/ primary caregivers needed, and were reported to be discriminatory. Moreover, the demand for healthcare services in the area exceeded the availability. Public transport was not affordable for residents and the resources and opportunities that parents/ primary caregivers needed were not locally-based, which meant that they had to use transport services that they could not afford. There was insufficient housing and the low-cost housing designs were too small and lacked privacy. The lack of recreational opportunities affected the social, psychological, and physical well-being of families. The poor engagement of the local councillor in these matters aggravated residents’ frustrations. The principles of social inclusion were not applied by local or national government. As noted by several authors, when parents suffer services that are not reliable, accessible, or responsive to their individual needs, and when those that exist are not well-co-ordinated (Katz et al 2007:21), they suffer acute and chronic

material deprivation which seriously undermines the quality of their parenting (Taylor et al 2000:115).

It is fitting to end this sub-section with Grace's (CC) conclusion about the community's infrastructural challenges faced by parents/ primary caregivers living there: "*So it's not easy being a good mother in Welbedacht.*"

In the next sub-theme, the participants provide information about the unhealthy family structures that were prevalent in the community and which appeared to affect parenting practices.

6.2.2 Sub-theme 2: Family Structures

The NPAC (South Africa 2012:53) wishes to ensure that children in South African benefit from stable, supportive, safe, protective and violence-free family lives. Research participants were concerned that the children of Welbedacht East were being raised in families that were dysfunctional. The issues that concerned them included the large number of teenage mothers and single parents living in the community, as well as the promiscuity of the parents/ primary caregivers in general and their failure to practice family planning. The first two categories have been discussed in the section on 'bad' parenting (see Section 3.4.3) and will only be mentioned in brief. Participants' narratives should be read in conjunction with the findings reported in Section 5.4.3. Their perspectives about the prevalence of promiscuity and inadequate use of family planning overlap with both themes: teenage pregnancies and the high rate of single parenting (see Section 5.4.3.5).

SUB-THEME 2	FAMILY STRUCTURES
<ul style="list-style-type: none"> • Prevalence of teenage mothers • Concerns regarding the high number of single parents • Consequences of promiscuity • Lack of family planning 	

The participants' perceptions around teenage parenting are presented first.

6.2.2.1 Prevalence of teenage mothers

Teenage pregnancies have been a problem in South Africa for several generations (Hope & Van Der Merwe 2013:318) and according to some participants, this social reality is prevalent in Welbedacht East despite the reported national statistics (White Paper on Families in South Africa 2013:13) that the rate of teenage pregnancy is declining. It was seen as a public social

problem and risk, as stated by Romagnoli and Wall (2012:281), which exposes young mothers to greater scrutiny and judgement.

Two community champions raised their concerns about the number of teenagers falling pregnant in the community. Firstly, Zanele (CC) mentioned that there are “a lot” of teenage pregnancies and mentioned that some teenage mothers had more than one teenage pregnancy: *“A lot of teenage mothers! They leave school when they have the babies and after that they go back to school and get another baby. That’s not all of them, but some of them.”*

Secondly, as explained by Sara (CC), the phenomenon was described as being a major concern in their community and was linked to an intergenerational pattern of teenage mothering. Her views were shared in Section 5.4.3.5, but because she explains the concern succinctly it is repeated here: *“I have actually seen that there is this huge thing that is going around, with teenage girls that are falling pregnant. And most of our teenage kids with children under nine are those who were born to teenage parents themselves...”*

The teenage mothers were mostly unmarried, with no financial means to provide for themselves and their children (White Paper on Families in South Africa 2013:13). The mental health risk of being born to a teenage mother is high (Atilola 2014:2). Strong evidence is presented by Van Zyl et al (2015:157) that adolescent pregnancy rates are higher in disadvantaged communities, particularly amongst Black and Coloured women. The multiple socioeconomic challenges the women experienced growing up, coupled with a lack of sex education, erroneous advice about sexual matters and pregnancy from significant others are the recognised contributing factors to their falling pregnant (Van Zyl et al 2015:157). The important role that families have to play in promoting reproductive self-care amongst adolescents is noted and depends on effective parent-child communication, as well as parents and caregivers explaining appropriate values, acting as behavioural role models, and providing adequate parental supervision to the adolescents (Alimoradi, Kariman, Simbar & Ahmadi 2017:86). The study by Van Zyl et al (2015:151) reports an association between the high rate of teenage pregnancies and infant abandonment (which was mentioned in the findings of Section 5.4.3.6).

Concomitant to the topic of teenage parents was the concern about the high number of single parents in Welbedacht East.

6.2.2.2 *Concerns regarding the high number of single parents*

Single-parent households make up more than 40 per cent of all households in South Africa and in urban areas these single parents are mostly unemployed African females, who are between the ages of 25 and 34 (Holborn & Eddy 2011:3; White Paper on Families in South Africa 2013:18). This was consistent with the findings of this study, except that the incidence of single parenting reported for Welbedacht East was higher than the figures reported in the White Paper on Families in South Africa (2013:18), at 48 per cent instead of 40 per cent (eThekweni Municipality & UNISA 2013:20). As suggested by Atilola (2014:3), children growing up in single parent homes are often subjected to family life deficits which compromise their social and mental health outcomes, which is a concern.

As a community champion, Elias (CC) was concerned about the large number of single parents as one of the factors that compromised parenting in Welbedacht East. His perspective was: *“There are a lot of single parents. A lot of single parents in the area!”*

His observation fits with several reported observations that single motherhood, particularly amongst the African population, has become the norm in South Africa (Budlender & Lund 2011:926; Holborn & Eddy 2011:1; Sewpaul & Pillay 2011:291).

Another male community champion, Nahil (CC), noted that as the number of single mothers escalated in the community, fewer children had contact with their fathers and some did not even know who their fathers were. He shared: *“You know a thing that is very common is that the biological father is not to be around. For some reason the couple are separated. And then there is another lot (referring to another set of children born from another relationship). You got so many children who are born out of wedlock.”*

Nahil's (CC) concern is further supported by research stating that the rate of absent fathers has increased, with African children having the lowest number of fathers who play a role in their lives (Sewpaul & Pillay 2011:291; White Paper on Families in South Africa 2013:24). The situation of uninvolved fathers in South Africa is referred to by Budlender and Lund (2011:928) as extreme. The negative outcomes of children growing up without fathers is said to impact negatively on the emotional, social, cognitive, and emotional development of children (Sewpaul & Pillay 2011:292). The income of single parent families is often inadequate and single-parent families often suffer economic discrimination (Sewpaul & Pillay 2011:292).

The issue of promiscuity amongst the Welbedacht East community members was raised as a concern by both parents/ primary caregivers and community champions.

6.2.2.3 Consequences of promiscuity

Some participants framed the cause of teenage pregnancies and single parenting as promiscuous behaviour. Fikile (CC) said: *“Because sex is considered as some sort of fun to them. And most of them will actually have sex when they are drunk and so the child will actually be the last thing on their mind... And later it has a very, very negative impact on the child.”* She elaborated on the consequences that both the mother and the child suffer: *“So maybe the mother will actually struggle to raise the child alone and there will be like a lot of anger. The anger will actually really be about the father, but because the father is not there and the child is there, it actually falls onto the child... When the child does something wrong... that is where the names come from... like ‘stupid’... ‘you’re just like your father’... They cannot take the child back. The child is there now. They are left alone with the burden of raising the child.”*

The two parents/ primary caregivers, Faith (PPC) and Kuhle (PPC), suggested that the younger women in the community were easily manipulated by predatory men in the community. Faith (PPC) blamed the foreigners who took advantage of the naivety of the adolescent girls. This is how she put it: *“They fall in love with the foreigners and the foreigners then run away from them. They don’t know who they are getting involved with. Because of the alcohol, they are drunk, and they make a baby, and the person doesn’t own up, and he might even run away. Sometimes of these girls have three children with three different fathers. That is their problem!”*

A group of men that Kuhle (PPC) blamed were the taxi drivers: *“These men want our girl children. They are busy impregnating our children. Our children get pregnant at a very early age. It’s because they take the taxis when they go to school.”*

The point made was that the young women had children fathered by different men. As mentioned by Budlender and Lund (2011:927), South Africa has the lowest rate of marriage and the highest rate of extramarital childbearing than any other country.

A prominent belief as discussed in literature is that as a result of the CSG, young women deliberately fall pregnant (Jordan et al 2014:393). In Hölscher et al’s (2009:17-18) study, more than half the participants mentioned the link between the CSG and pregnancy. However, others argue that the monetary value of the grant is so small that it is unlikely to interfere with young women’s incentives to find work (Budlender & Lund 2011:938; Jordan et al 2014:393; Tanga & Gutura 2013:136).

The last category mentioned was the lack of family planning practiced by women in Welbedacht East. This will be discussed before concluding the discussions in this sub-theme.

6.2.2.4 Lack of family planning

Despite the dire social circumstances of the Welbedacht East mothers, the sizes of families were large and many of their pregnancies were unplanned. This, according to Xoli (PPC), reduced their ability to satisfy the needs of their children. Xoli (PPC) illustrated this using the example of her neighbour's children who visited her home regularly: *"There are three of them here and one says, 'Mmm. This is nice. We don't get this in our home'. And I feel sad. I realise that they don't get enough food to eat. When you look at their clothes... they are wearing old clothes with holes. It is not their fault. They are poor, only because their mother has too many children. She can't take care of them and she can't feed them properly. I feel sorry for them."* The mother Xoli (PPC) spoke about had eight children.

According to Arkutu (1993:4), these situations generally arise because women are poor, live in undesirable circumstances, have limited power to make decisions related to their fertility, and are not sufficiently educated to manage it. When healthcare services are available, accessible and acceptable, they are effective in preventing pregnancy and HIV infection amongst young women (Alimoradi et al 2017:84; Holt, Lince, Hargey, Struthers, Nkala, McIntyre, Gray, Mnyani & Blanchard 2012:283). However, as in the case of Van Zyl et al's (2015:157) study on adolescent pregnancies and parenting, this is not possible when effective services, such as life skills and sex education, were not reaching the community on the scale needed. Welbedacht East was sorely lacking in healthcare. Unlike other townships, there was no health clinic to offer healthcare services such as Pap smears, testing/treatment for sexually transmitted infections (STIs), sex health counselling and contraceptives, tubal ligations, or vasectomies (Holt et al 2012:286).

This concludes the discussion of the participants' perspectives of how family structures in Welbedacht East were related to 'bad' or 'risky' parenting recognised in the community.

The next area of focus is the social problems that participants considered as threatening to 'good enough' parenting practices in Welbedacht East.

6.2.3 Sub-theme 3: Social Problems

As noted by Waldegrave (2005:265), when parents and children live in deprived neighbourhoods, they become stressed. Exposure to negative influences, neighbourhood

crime, and poor levels of social control, as well as limited opportunities for cognitive or healthy social stimulation contribute to the stress (Prinsloo & Wilson 2017:378; Prinsloo & Ovens 2016:74; Visser et al 2015:113). Stress compromises the physical and mental health of parents and manifests in social problems. The social problems that were identified by parents/ primary caregivers and community champions were: poverty, unemployment, crime, and alcohol and drug abuse.

SUB-THEME 3	SOCIAL PROBLEMS
<ul style="list-style-type: none"> • Poverty and unemployment • Alcohol and drug abuse • Crime 	

The discussion commences with the first category, poverty and unemployment.

6.2.3.1 *Poverty and unemployment*

Poverty or economic adversity has a deleterious impact on parenting and family relationships (Le et al 2008:168; Taylor et al 2000:115). It affects children more aggressively than adults (Save the Children South Africa 2015). When growing up in these circumstances, children experience poor nutrition, inadequate or unresponsive social stimulation, and insufficient protection from presenting internal and external threats to their safety (Waldegrave 2005:270; Weisner 2010:212). Poverty and unemployment usually co-occur with child abuse and neglect (Scannapieco & Connell-Carrick 2002:609; Taylor et al 2000:115). Even specific parental patterns become exaggerated in the presence of economic hardship: lower levels of nurturance, inconsistent discipline, and a higher probability of punitive parental behaviour (Taylor et al 2000:115). These themes were covered under Section 2.6.1.1c. It was motivated that measures to increase social inclusion are likely to break these patterns (see Section 2.3.5).

The extent of poverty in Welbedacht East was enormous and appeared to be related to the escalation of other social problems. Several factors were responsible. Firstly, welfare income was the main source of revenue for families living there. Joint incomes per household as measured in 2013 were mostly less than R2 500 per month (62 per cent), with 18 per cent living on incomes of less than R1 000 per month (eThekweni Municipality 2013:26). A significant number of the parents/ primary caregivers in this study reported seven or more people living in their one-roomed houses. Unemployment affected many and was acknowledged as a serious issue.

The concerns and observations of the participants are presented to illustrate their observations about poverty and its relationship to unemployment.

Participants	Quotation
Dudu (PPC)	<i>"I am unemployed and that makes it hard. Most people here in Welbedacht East are unemployed. I would say that at least 70 per cent are unemployed and only 30 per cent are employed. So unemployment is a big problem."</i>
Kuhle (PPC)	<i>"The fact that there are no proper jobs means that a parent cannot bring up their child in a proper way. It is only money that can take you to the places where you want to be. If you could find a proper job, in order to get money... only then will things get better."</i>
Anna (CC)	<i>"In Welbedacht, the houses are all RDP houses. And there will be 10 people and only one person will be employed in the house. And all 10 people look to that person for support. And the issue of unemployment is an issue as well."</i>
Jay (CC)	<i>"Most of the parents are unemployed... You see the children, late in the night. I leave this area at about half past 10, 11 o'clock at night. And as a good parent you would want your child to be in bed at that time... But you find the children still out on the road, because of hunger, waiting to see which pastor or religious leader is coming past with food."</i>
Dina (CC)	<i>"It is not just this community. I think that it is the economic climate. Quite a number of parents appear to be unemployed. There are sometimes single parents who also are reliant on support like foster, not foster care, but child support grants. Which is not much... It is not enough to provide for all that they need for the child."</i>
Thoko (CC)	<i>Poverty is the main issue in Welbedacht... and lack of... employment, especially for the youth. The youth is unemployed. They even resort to prostitution, because of that."</i>

Poverty and unemployment co-occurred as described by the participants. In the absence of employment, parents and youth struggled to find ways to meet their basic needs. Children were seen loitering in the streets in the hopes of receiving food handouts. The adults who were employed were burdened with the responsibility of supporting other family members living in their home.

Two divergent opinions about how parents dealt with unemployment and poverty were presented. The first position was that parents made concerted efforts to provide for their families in the absence of work opportunities. In the examples that follow, the intention of the parents/ primary caregivers to earn money becomes explicit and reflects the many obstacles they encountered which resulted in lower than expected outcomes.

Thoko (CC) mentioned that the work opportunities that the community members were able to secure were low paying ones: *"I think the biggest challenge that parents face is poverty... Although they are working, but they are earning less..."*

Finding employment was even a problem for those who had completed their school education, as mentioned by Dudu (PPC): *“Even if you have completed your matric, it is still the same.”*

When unemployed parents/ primary caregivers engaged in their own income-generating activities this presented other challenges, as pointed out by Kuhle (PPC): *“There are no jobs. There is nothing. You have to work very hard for yourself (referring to income generation). If you work for yourself, you don’t know how much you will make at the end of the month. It can be that at the end of the month you don’t make anything.”* Her narrative reflected that self-employment is difficult and, as noted in the study conducted by Strydom and Tlhojane (2008:41), in the absence of opportunities to increase knowledge, skills and contacts with suppliers and customers it would not guarantee an income for vulnerable groups.

Dina (CC) illustrated how other groups profited from the vulnerability of others: *“I spoke to one lady who said to me that in order to make money they make what we call those yard brooms. You know those grass brooms? They can make and sell them for R10 each. The very same brooms we pay like R75 for those brooms where we stay! But that’s what they do and a lot make them and then go around to Chatsworth, because it is next door to Welbedacht East. They go down into areas such as Monford area and those nearby places and sell these brooms for R20 to try and make some money.”*

It was therefore evident that despite being victims of the poor socioeconomic climate, there were some parents/ primary caregivers who were committed to working in order to support their children. They faced multiple challenges in trying to do so. They were separated from mainstream society and disconnected from valuable network systems, which meant that they were less likely to be able to access up-to-date information about the job market, as represented in several literature sources (Budlender & Lund 2011:933; Paat 2013:960). The parents/ primary caregivers mentioned were willing to work for very little payment. They sold the goods they manufactured below market rates. Being desperate to survive increased their vulnerability to labour and financial exploitation, as reported in Shortall’s (2004:118) article. The participants were taken advantage of by those with more privilege and status; people in a more affluent community that was nearby, who employed them as domestic workers or bought their homemade products. There are several conditions and characteristics, such as being desperate, dependent, submissive and accepting, that open vulnerable groups up to this exploitation which makes it difficult for vulnerable groups to overcome their challenges (Allman 2013:1; Shortall 2004:118).

The psychological stress of not being able to provide for their children was highlighted by Vihaan (CC): *“There is a mother here who went looking for a job and came back home and was tired. And the child wanted something from the mother and the mother out of frustration started abusing the child... So that frustration... it’s something that you can’t accept, but you still have to feel for that person... ‘I have been all day looking for a job and I can’t get a job’ and she loses it... it’s also about limited opportunities...”*

The second position proposed that parents were lazy and unwilling to work, were content to remain dependent upon the support grants from the government, and that their laziness was replicated in their attitudes towards parenting. The following narratives illustrate this perspective.

Participants	Quotation
Pavi (CC)	<i>“They are not prepared to work. The parents are sitting at home all day. So that poor kid, that goes to school, doesn’t have enough for him or herself to survive as a child... Parents are dependent upon the Child Support Grant... The whole families uses it.”</i>
Carol (PPC)	<i>“Some people, mostly the ladies around here, they don’t want to work as a domestic worker. They just want to sit. So at the end of the day, how are you going to look after your child if you are not working?”</i>
Fikile (CC)	<i>“I would maybe say that 60 per cent is unemployed only 40 per cent is employed. But of the ones that are unemployed... some of them do the chores... and when the children come back from school everything is done, and then they prepare lunch for them. But most of them don’t do that.”</i>

These perspectives suggest that when parents/ primary caregivers were unemployed and as a result had time at their disposal, that the time was not invested in taking care of their children.

Unemployment was a serious social problem that affected the parents/ primary caregivers and its presence exposed them to social issues that were spiralling out of control. Even a small increase in unemployment is reported to raise admissions into psychiatric hospitals, suicides, state prisons, reflecting the relationship between economic problems and physical and mental health (Waldegrave 2005:269). The study conducted by Strydom and Tlhojane (2008:45) refers to the deleterious consequences of unemployment on a rural South African community that presented with contextual issues resembling those presented in this study, to examine the concept of parental apathy. They identified the experience of community members as feeling depressed, worthless and helpless, and resorting to abusing alcohol and drugs to survive. As mentioned by Ben-David and Nel (2013:421), poverty is not merely an issue of inadequate income; it also generates and perpetuates social exclusion and disempowerment.

Pressing social issues evident in the community that impacted on parenting in Welbedacht East were the high rate of substance abuse, such as alcohol and drugs, which is presented in the next section.

6.2.3.2 Alcohol and drug abuse

Crime and other social ills are more likely to be found in communities that are socially disorganised and offer little support for community members, and where the antisocial cultures that operate work against positive parental influences (Paat 2013:960; Scannapieco & Connell-Carrick 2002:609). It is said that the geographical locations where families live are more responsible for the social problems than the individual residents who live there (Paat 2013:960; Scannapieco & Connell-Carrick 2002:609). A theoretical perspective related to the impact that neighbourhoods have on parenting is referred to in the discussion of the exo-system (see Section 2.6.3). This section discusses the participants' views about substance abuse, which was widespread in the Welbedacht East community and compromised the parenting practices of parents/ primary caregivers. Alcohol abuse in the community is discussed first.

- **Alcohol abuse**

Participants	Quotation
Fikile (CC)	<i>"They drink. I don't know where they get money from because they are unemployed. But the liquor businesses are actually booming."</i>
Hle (PPC)	<i>"They sell a lot of alcohol here in Welbedacht... There are a lot of places with shebeens here!"</i>
Jay (CC)	<i>"When the parents drink, they are bad at parenting. The bad parents don't listen to their children. If the child is sad, they... the parents just carry on taking the beer, the alcohol, instead of worrying about the child."</i>

Substance abuse impacts on the microsystem in three main ways (Swick & Williams 2006:373). It changes the family dynamics because the abusing parent is not responsive to the child's psycho-socio-emotional needs. The family members rally and try to cover it up and they withdraw from the healthy relationships in the community to protect the substance abusing parent. This drains the family's energy and creates the need for external support for the affected family members.

One of the contributing factors to the high rate of substance abuse in Welbedacht East, according to Hle (PPC), is the prevalence of shebeens and taverns operating in the community. When parents/ primary caregivers abused alcohol, they were seen to become negligent of their children's well-being: they spent money on liquor rather than food and became distant and inattentive to the emotional needs of the children. The

participants' observations were substantiated in the literature. Alcohol abuse results in parents "disconnecting" from their children, to the point that the health and well-being of those children become seriously compromised. The substance abusing parents appear to be oblivious to the deleterious consequences that their behaviour has on them (Swick & Williams 2006:373).

The general abuse of substances within Welbedacht East was acknowledged as a threat to parents and their children, making it difficult for parents to protect their children from the inappropriate behaviour of the inebriated people that surrounded them. As mentioned by Hle (PPC): *"There is no way that you can say that you are safe here at Welbedacht, because these shebeens are everywhere. Your child is not safe here. Not with so many shebeens here. You are scared when you send your child to the shops... That they may just end up being raped... Yes. I am so scared of that."*

A further concern raised by Hle (PPC) that had been reported in the participants' discussions of 'bad' parenting (see Table 3.5) was that parents sent their children to the shebeens to buy their alcohol with no enforcement of the law by shebeen operators. This is what Hle (PPC) said: *"How can you let a child younger than nine years go inside the shebeen? Yes! They actually send the child there to go and buy their beer. Would you allow a child of seven or eight years to go there to buy your beer? How do you allow that if you are the person working in the shebeen?"*

Drug abuse was equally disconcerting to the participants. Some of their comments regarding this are tabulated below.

- **Drug abuse**

Participants	Quotations
Carol (PPC)	<i>"Here in Welbedacht East there are so many sugar addicts. They are real rogues. They are smoking just anywhere, so it is making it difficult."</i>
Rekha (PPC)	<i>"There is lots of this happening here. You will find like 90 per cent of the people here are addicts. Even though we have a park the children can't use it, because the addicts use it as their den for smoking."</i>
Dudu (PPC)	<i>"Welbedacht is a place where there are always people using drugs. So it makes it hard for you to teach your children, or child, not to touch drugs when they see it on a daily basis, and see how people use drugs. When you teach them not to... but they see people using it... it makes them confused. So I am trying to be a good parent, who teaches them how wrong it is to use drugs, but they see it on a daily basis."</i>

The use of drugs such as 'whoonga' were seen to contribute to the social disintegration of the community. Drug use was so visible that parents/ primary caregivers found it difficult to instil positive non-using values in their children. The drug users displaced the local children from play areas, as they congregated on the playgrounds and made it unsafe for children.

The link between drug abuse and crime was made by two participants, Thoko (CC) and Carol (PPC). Talking about this issue, Thoko (CC) said: *"There is a high rate of drugs. They are smoking whoonga. And a high rate of crime. Stealing... Oh yes, there is alcohol too!"*

Carol (PPC) referred to drug users stealing goods to sell, in order to support their habit: *"Sometimes they just come by your house and they pick up a pair of shoes by your door... and they will just sell it. You have to protect everything of yours here, because of that."*

The effect of substance abuse is crippling to family life. It increases marital conflict (Green & Hartweg 2004:188) and risks of family violence, inter-partner violence, child physical violence, and child neglect (Hope & Van der Merwe 2013:315). Multiple factors contribute to the high rate of substance abuse in communities. These are socio-structural, biological factors within individuals, families, friends, communities and society (Swick & Williams 2006:373).

Commensurate with the abuse of substances was the high prevalence of crime in Welbedacht East.

6.2.3.3 Crime

Participants acknowledged feeling at risk living in Welbedacht East. The seriousness of the crimes that they had heard about, witnessed, or experienced personally was a great concern to them. They shared feelings of vulnerability.

As a parent, Kuhle (PPC) explained crime was a constant threat and that it was only their faith that protected them in the community: *"What worries us as parents is the fact that we know we are not safe here. We are not protected. We have to protect ourselves. So, when you go out, you are constantly worried. And when you come home, you don't feel safe. You just ask God to protect you, because there is nothing or no one else who is going to take care of you."* She compared living in Welbedacht to the area she had come from: *"Where we came from,*

we had a crime forum. And we had whistles. When something happened to you, you would blow your whistle and people would come from all angles. There is nothing like this here." The crime that the participants spoke about was of a violent nature, as evident in the narratives presented in the table.

Participants	Quotation
Faith (PPC)	<p><i>"It is not safe here. This place has a lot of crime. Cause anytime they gonna poke you (stab you). They want to shoot your too. Anytime."</i></p> <p><i>"They do what they want here. If they want to shoot somebody with a gun, they do. Then the police take those people, but two days later they are come out of jail!"</i></p>
Kuhle (PPC)	<p><i>"Also, we have the problem of the children here that stab each other. Yo, yo, yo! You see last week there were five stabbings. Two died. The other three were injured. Just in one week. They stab each other. There is a game shop here which doesn't close, and this is where it happens."</i></p> <p><i>"Over the weekend I don't sleep, because I have to look after my son. He was stabbed once. Had stab holes all over his body. I have never see someone stabbed so many times. He was stabbed and ended up on crutches. The doctor even said, 'Listen. your child was supposed to have died, looking the way he did when he was brought in!'"</i></p>
Vuyi (PPC)	<i>"And like when I say violence... Welbedacht was not a violent place when I was growing up... Now it has become a place where people kill each other... People walk around with guns anyhow. Now you even find that children are making their own guns with sticks and things."</i>
Jay (CC)	<i>"We find bodies lying in this area. And it is sad... And even old women. They don't care if you are old or young...if they want to gang rape you they do it. Because remember three months ago they threw an old woman just behind my yard. They strangled her. They raped her and then strangled her, and threw her just behind my yard..."</i>

Several explanations for the prevalence of violence in South African society is provided in the literature. South Africa is said to have developed a culture of violence; acts of violence are normalised, and people have become desensitised to them (Holborn & Eddy 2011:11). Exposure to violence in communities promotes the enactment of violence. Illustrating this, Holborn and Eddy (2011:12) refer to the findings of a study that found that participants who had witnessed violence in their community were three times more likely to have carried weapons and been in a fight, and four times more likely to have threatened or injured someone with a weapon. The link between family poverty and aggression is posited by Eamon (2001:261). Finally, the link between drugs and alcohol, and youth crime and victimisation is acknowledged (Holborn & Eddy 2011:13). These studies offer possible explanations for the violent behaviour reported in Welbedacht East.

The social disorganisation in the community exposed children to danger and harm. The close proximity in which children lived to criminal offenders placed them at risk of being victims of crimes, for which they were unlikely to receive support or counselling. The importance of crisis

services being accessible to disadvantaged communities is referred to in the discussion of services that families need (see Section 2.4.1.2) (Holborn & Eddy 2011:12).

As a community champion, Jay (CC) was very concerned. He complained that parents were not cognisant of the dangers that their children were exposed to: *“And you see some of these children on the road, very scantily dressed, because they do not have the money to dress the kids up... These children could be kidnapped. You know that there is human trafficking... Gang rapes... Now a child who is below nine years old doesn’t know about sexual advances from an adult. And they can sometimes get bluffed with sweets and so on. Now their parents are too scared to come forward. And I respect that because their lives are in danger... And the reason why most of those gang rapes happen is because the rapists are under the influence of drugs.”*

Jay’s (CC) concern was that parents/ primary caregivers failed to forewarn their children about these dangerous situations. Indicators of ‘good enough’ parenting include parental monitoring of potential risks that their children could be exposed to (Johnson et al 2014:119) (see Table 3.3).

Jay (CC) made another observation, as mentioned in the review of ‘good enough’ parenting indicators, that parents/ primary caregivers should promote family and societal values of socially responsible behaviour (Johnson et al 2014:116). He observed that this was often overlooked, placing children at risk: *“The fact is that a child of under nine is not shown clearly what is black or what is white. The child is not educated that they must not accept monies from strangers, nor accept sweets from strangers. They are not told ‘Do not take a walk with strangers’.”*

Xoli (PPC) shared Jay’s (CC) concerns: *“It is difficult, because in the times that we live in, there are thugs, crooks. Sometimes you want to go somewhere and there is no need to take the child with you and you want to leave the child somewhere to be looked after. One should be able to leave the child with other children here and come back and find them unharmed. You can’t do that here. The child will be stolen. Your child may go missing. They get raped, whether they are a boy or girl. It is not safe to leave them alone... Even with a person who shares your house. You can see in the newspapers... The person that does that to your child may even be someone staying in your home. You can’t trust anyone. You can only trust yourself.”*

Olga (PPC) highlighted the high risk of child sexual abuse in Welbedacht East: *“You see we are worried because we hear that there are children here, raping our children. So, most of the time you are worried when the children go and play. You always feel that they should be around you. I always think that it is caused by the drugs that these people use.”*

In agreement with the findings of the study conducted by Prinsloo and Wilson (2017:380), the responsibility for protecting the Welbedacht East children rested squarely on the shoulders of the parents/ primary caregivers alone and demanded their vigilance. Participants observed an increase in violent acts, child trafficking, and drug use in the community. They were most vocal about the high rate of rape and murder which they perceived to be a constant threat. Whilst this is disquieting, it is not unique to Welbedacht East. A study that was conducted in Soweto by Nel and Roestenburg (2004:121) reported that rape and murder were ever-present there too. Exposure to increasingly high levels of crime and violence are known to cause continuous trauma and stress (McLea & Mayers 2017:423).

Growing up knowing people engaged in crime, witnessing criminal activity, and being a victim of crime are likely to be risk factors causing young people to turn to crime themselves (Holborn & Eddy 2011:12). According to Muller (2013:61), poverty and violence co-occur and flourish in the presence of the following factors: unemployment, income inequality, the wide gap between the wealthy and poor, and insufficient resources to reduce inequities. Crime flourished in the absence of police presence in Welbedacht East and reinforced the culture of violence, as mentioned by Holborn and Eddy (2011:11).

The last sub-theme that was identified as impacting negatively on parenting practices was the poor foundational competency of parents/ primary caregivers, which included their own personal issues that they had failed to resolve.

6.2.4 Sub-theme 4: Personal Factors

As presented in Chapter Three, more recent attention has been focused on the foundational competence of parents (Crawford 2011:24; Johnson et al 2014:112-114). To recap, the Parent Competency Model (Johnson et al 2014:104) refers to three elements that contribute to this domain of parenting: parental cognitive ability, personal psychological health, and self-care. The analysis of the participants' responses to the question of what factors challenged parenting practices in Welbedacht East raised some concerns related to the foundational competence of parents. Three categories were identified from both participant sample sets. At first, the parent/ primary caregiver group spoke of parents adopting a “don't care” attitude. When compared with the community champions' responses about parental apathy and

laziness, it became evident that both groups were referring to the same concern; the terminology of apathy, negativity, and hopelessness were synonymous with the “don’t care” attitude mentioned. The second factor mentioned by some, particularly the community champions, was that many of the parents had not experienced positive parenting practices growing up and remained troubled by associated unresolved issues. Finally, the low levels of education of parents/ primary caregivers were interpreted as obstacles to ‘good enough’ parenting. These four categories will be discussed, using excerpts from the transcripts from both sample sets, starting with the “don’t care” attitude/ apathy/ laziness of parents. Theoretical reference was made to the personal attitudes of parents in Chapter Two when discussing parental capacity or process as a micro-system influence on parenting (see Section 2.6.1.1b).

SUB-THEME 4	PERSONAL FACTORS
<ul style="list-style-type: none"> • The “don’t care” attitude/ apathy/ laziness of parents/ primary caregivers • Lack of hope • Parents’/ primary caregivers’ personal experiences of being parented • Parents’/ primary caregivers’ lack of education 	

6.2.4.1 The “don’t care” attitude/ apathy/ laziness of parents/ primary caregivers

The first participant to mention the “don’t care” attitude was Faith (PPC). Her perspective demonstrated how the apathy of parents/ primary caregivers created problems for the children: *“Parents are not bothered to care for their children properly. They don’t give food to their children. They don’t teach their children not to smoke zoll (marijuana). They don’t teach their children that they must go to school. The thing is they just don’t care. You have to teach your child when she is young.”*

Faith (PPC), being a cross-border migrant, questioned whether the “don’t care” attitude was linked to South African citizens having too much freedom: *“It looks to me that South Africa is all for freedom. People do as they want.”*

According to Vuyi (PPC), the “don’t care” attitude was evident in the poor attachments that parents/ primary caregivers developed with their children. This is what she said: *“They are not bothered. When I look at my neighbours, they don’t have that kind of attachment with their children that they should.”*

The expression “don’t care” attitude was mentioned by Nahil (CC) too, who generalised parents’/ primary caregivers’ reluctance to participate in self-improvement opportunities offered at his ECD centre: *“Maybe some of them do not feel much about the school... but I*

get the feeling that it is more about their attitude. They have that 'don't care attitude'." Nahil (CC) elaborated as follows: *"They are lazy. They don't want to educate themselves. They don't try to better themselves. Their attitude is, 'even the way I am living, is ok with me'."*

Literature on disadvantaged communities refers to apathy as a protective response to social exclusion (McDonald 2010). It is recognised as more than resistance; rather a physiological response or neurological reaction that registers as pain, even though it is social pain. It produces feelings of depression and mental health problems (World Bank 2013:53). It reduces human capital and effort, and leads to a self-fulfilling prophecy of "I will not succeed anyway". As stated by McDonald (2010), it robs people of their right to hope and dream, which was mentioned by some of the parent/ primary caregiver participants. The link between social exclusion and apathy is therefore substantiated.

Apathy is concomitant with a lack of hope, which was also mentioned as an aggravating parenting factor as identified by participants in the community.

6.2.4.2 Lack of hope

Hope is an individual and social necessity (Walker 2006:42). As explained by Walker (2006:44-45), engaging in the process of imagining preferred scenarios of how the world around one can be better, strengthens the attitudes and actions that are needed to convert the visualisation of the preferred scenario into reality.

It was suggested in research on single mothers living in poverty that they did not entertain positive dreams for their futures, because they could not foresee that their lives would change and they did not wish to risk wanting anything which appeared impossible, as that would set them up to fail (Botha-Verhage & Jacobs 2017:210).

There were some parent/ primary caregiver participants who stated that people living in Welbedacht East had lost hope. One participant who shared this was Carol (PPC): *"Because some of them, they think they cannot change. There is nothing that they can do to help themselves. They don't have hope. Where they are now... well... it is dehumanising. They are staying in shacks... they just have to accept it... be comfortable with that."*

As previously cited, Kuhle (PPC) had related her own loss of hope: *"No one cares about us... we are regretting so much coming here... because when we got here so much changed. We lost direction. My direction is lost. I can't lie. I am living here, but I don't know what I have to*

do to get out of this. I am just staying here. There is no safety, no one cares. I just don't know. You can't even run to anyone to cry."

Parents/ primary caregivers in Welbedacht East had to deal with so many structural issues that affected them which, as explained by Hope and Van der Merwe (2013:309), were likely to have disempowered them, and this in turn prevented them from breaking out of poverty. When confronted by parenting issues over and above poverty and powerlessness, feelings of hopelessness, passiveness and pessimism prevailed which, according to Nhedzi and Makofane (2015:363), most likely interfered with their ability to carry out their child-care responsibilities, as had been identified by both Carol (PPC) and Kuhle (PPC).

Parents'/ primary caregivers' poor personal experiences of being parented was a further debilitating factor that was identified by research participants as compromising parenting in Welbedacht East.

6.2.4.3 *Parents'/ primary caregivers' personal experiences of being parented*

One of the biggest barriers to healthy parenting is the parents' lack of knowledge or ability to develop a caring relationship with their child (Swick 2008:151). Research on mothers and children emphasise the importance of the attachments which develop between the mother and child in the early stages of a child's life, which extends to provide the growing child with ongoing support (Botha-Verhage & Jacobs 2017:202). This notion was a central theme in Chapter Three, particularly in the discussion of 'good enough' parenting (see Section 3.4.1). The inability of some Welbedacht East parents/ primary caregivers to form attachments with their children was mentioned first by Vuyi (PPC) and then by a few community champion participants.

As shared by Thoko (CC), most of the parents/ primary caregivers had not been exposed to positive parenting practices themselves and were replicating the kinds of relationships that they themselves had experienced as children with their own parents/ primary caregivers: *"Most of them have not come from good parenting backgrounds. The way that you grew up affects your child too... I would say that they are just applying what was done to them when they were growing up. They do not know any other way of parenting."*

The intergenerational effect of growing up without positive attachment to one's own parents was further shared by Lindiwe (CC): *"And the other thing is that some parents have never been taught. They have never enjoyed being protected by their own parents when they were*

young. It is hard to be a good parent when you have not had a good experience with your parents."

This is supported by Scannapieco and Connell-Carrick (2002:606), who point out that in the absence of a continuous sensitive and responsive caring relationship with a parent, the next generation of parents are challenged to be able to develop positive relationships with their children. One therefore observes that parents who were deprived as children develop into parents of another generation of deprived children (Hope & Van der Merwe 2013:309). The concept of ontogenesis as related to these observations is discussed in Section 2.6.1.1b.

However, some of the parents'/ primary caregivers' stories about growing up in abject poverty, being abandoned and exploited, or suffering physical abuse reflected their resolve to break the negative cycle of parenting.

Xoli (PPC) shared her childhood experiences: *"We were brought up to be very troubled children. Our problems... the way I see it, we should not even be here teaching our children. It was tough... Food... You would go to school on an empty stomach and return to have cooked mealie corns. You would eat them... as is... and drink water. We would start the day by going to the veld to plough, come back and wash. That is how we were brought up. No, I grew up very hard."* She went on to say that she was trying to redress this in the way she raised her children: *"The child must eat before going to school, so that when he gets to school, he can carry on with schoolwork. And then he can eat the food he has for lunch. I see that he goes to school on a full stomach."*

Financial hardship had been imprinted in Ethel's (PPC) mind: *"When we were small, like my dad, he used to take the whole lot of us to the shop at month end and buy goodies. Once a month! So now I don't want my children to grow up like that. I want it to be better for them. Not the way we had to grow up. We had to have phutu (maize porridge) and sugar, black tea and dry bread. I don't want that for my children. I want it to be better."*

Angel (PPC) described her troubled childhood experiences which she was determined not to repeat with her children. Her experiences related to abandonment and exploitation, as she explained: *"When I grew up, I was moved from one house to another. I stayed with foster parents. I think I had 30 foster parents while I was growing up... I would never abandon my children. I would never make them starve while I am having a nice time... I was treated as a slave in the house. I had to keep on doing the housework for them, their children's chores, and all of that."*

One parent/ primary caregiver, Josie (PPC), recounted a childhood of abuse: *“Well from the situation I grew up in, I would say that I am about 90 per cent better than my parents were. I grew up in an abusive home. Very abusive. So, like my dad would get drunk, like almost every day, and fight, and hit my mum, and stuff like that, for no reason... If you did something wrong as a child, you like... died. All around us... all the children in the neighbourhood, you would get a hiding if you did something wrong. So, it was scary. We got hidings for little things.”* Whilst her narrative mentions her exposure to domestic violence and alcohol abuse, it further suggests that an authoritarian style of parenting that used corporal punishment was typical in the community where she was raised.

Comparing her relationship with her son to the relationship that she had had with her parents, Josie (PPC) had this to say: *“I can’t imagine what my baby would have to do to make me hit him. Or what would happen if I did the same to him as was done to me. So it was scary for me. It still is scary for me.”* Her narrative highlights that the effects of her abuse by her parents continued to affect her as an adult.

Parent/ primary caregiver participants related how they had been beaten as children, which was something that they chose not to repeat with their children. Xoli (PPC) shared as follows: *“They used to hit us. Anyone would hit us. You would come home crying, and they would say, ‘Hey. You are making a noise.’ They were not right hitting us. If I hit a child, memories of my childhood come back... The times where I used to cry and cry. No one comforted me and then I would end up playing. You had to comfort yourself. A child needs to be comforted... I don’t want my child to feel like I did.”* For Xoli (PPC) too, the effects of the harsh parenting that she experienced growing up were still felt in her adult years. Like Josie’s (PPC) narrative, harsh corporal punishment was recognised as a popular form of discipline in the community.

Much has been written about intergenerational continuities in parenting (Schofield et al 2014:973; Mapp 2006:1293; Sidebotham 2001:104), with some scholarly works suggesting that patterns of parenting are mirrored and replicated from one generation to the next (Crawford 2011:25; North 2013:25; Woodcock 2003:93). Others suggest that the cycles are broken when the parents can symbolise their early experiences and recognise these in their own parenting behaviours towards their children (Mapp 2006:1293-1294). This appeared to be the case in the examples presented by the parent/ primary caregiver participants. In keeping with the findings of Van Zyl et al’s (2015:163) article, they had resolved to give their children what their parents failed to give them.

The last category presented as a negative parenting factor was the poor educational levels that the parents/ primary caregivers had themselves achieved.

6.2.4.4 Parents/ primary caregivers lack of education

As presented by Johnson et al (2014:114), parenting demands adequate knowledge to understand child development, healthcare, parenting, basic maths and reading, and problem solving. The view of Katz et al (2007:8) is that when parents lack education, they are handicapped in a sense and unable to assist their children in many ways. Other authors argue that parents with limited intellectual functioning are able to demonstrate a range of positive parenting capacities and therefore parental incapacity should not be measured by intellectual capacity alone (Budd & Holdsworth 1996:7).

Holborn and Eddy (2011:2) suggest that children growing up in single parent households are most likely to experience educational failure at school. The lower the educational level of the mother, the less likely that their children will complete their schooling (Jordan et al 2014:393). Both these factors were typical in Welbedacht East. More than a third of the households in Welbedacht East were headed by people who had an education of Grade 7 or lower (eThekweni Municipality 2013:23) and a high percentage of the households were single parent ones. However, the sample in this study reflected a slightly higher educational level than the socioeconomic survey, because more than half had achieved Grade 12 and only a third achieved Grade 9 or lower. Nearly all of the participants' children did not have fathers living with them. Education is one of the relevant services that promotes social inclusion, opening doors to opportunities that enable people to access markets, services, crisis services, and spaces (see Section 2.4.1).

Using her own life as example, Thoko (CC) noted that being raised by a traditional family in a disadvantaged community meant that she had grown up without education being considered important for girls, which had thwarted her opportunities during adulthood. She noted that other parents/ primary caregivers still perpetuated this attitude of the unimportance of motivating their daughters to study. This is what she shared: *"Because of their backgrounds... some parents don't go for education (do not value education). Like in my family, they used to say, 'What is the use to educate a girl child? She is going to get married and go to another house.' So, there are still those who have that believe that is not important to educate the girl-child."*

However, Dina (CC) was concerned about some of the parents that she observed who were not just uneducated, but were intellectually challenged, which she believed placed children at

risk: *"There are parents, because of their mental state, they are not fully aware. Some are mentally challenged. Across the road from us there is a parent and whenever I say, 'But why doesn't she do x, y or z?' ...then the others tell me, 'No man... she's a little bit... you know'."* She felt strongly that this was a risk: *"It's not ok to be a little bit not all there. Because what about your child?"*

In keeping with the perspectives of the community champions on the subject of the education of parents, several parents/ primary caregivers referred to the disadvantage they had suffered as a result of their parents' disregard of the value of education. Their personal examples address the same themes.

As Kuhle (PPC) noted, although she had many regrets in life, the one thing she regretted the most was her lack of education: *"You see there is nothing more important than schooling. The thing I cry the most about is schooling. You see if I had been given a better education then I would have been able to give my child a better lifestyle. We would not be having all of these difficulties."*

Her sentiment was shared by Xoli (PPC): *"I have never completed my studies... And now I don't have anything."* Based on her experience, she wanted her son's life to be different: *"I want him to go to school and complete his studies. I want him to do whatever he wants to do when he is finished. It does not matter what he wants to be. I never want to be the reason for him to stop studying."*

According to Olga (PPC), her mother had placed more emphasis on her chores than her education, which had affected her educational progress: *"I never used to have a chance to study because of the house chores. But at that time, it was the norm. When you returned from school you had to fetch water from the well, come back and cook. Then it was late and so you had to go to sleep. You were not given a chance to do your homework. That is the thing I would say was bad about my childhood."* She elaborated further about her mother's lack of engagement in her school life: *"When you had a problem at school the teacher would tell you to bring your parent to the school the next day. My parent had no interest in that. Even though she had been called to the school she would not even go. That happened a lot... she never attended a school meeting that was arranged. I even forgot when there were school meetings."* Her parents' attitudes towards education were different than Westernised ones.

Olga (PPC) offered a possible explanation: *"The parents believed that when you are at school, you belong to the teachers. 'Why can't the teachers sort you out?' There was not relationship*

of working together between the parents and teacher... They just did not see anything that they would discuss with the teacher. Another thing is that the teachers are educated, so they knew more than what our parents knew, so the parents did not see any reason of going to speak or have a discussion with people that are educated. They did not care. They only wanted your report at the end of the year to check if you had passed."

There is a strong expectation that parents must provide children with emotional and practical support with schoolwork so that they will perform better academically (Holborn & Eddy 2011:7; Johnson et al 2014:116). Participants acknowledged that their low level of education and poor job skills restricted them to job opportunities with a low status (Botha-Verhage & Jacobs 2017:201; Jordan et al 2014:393). They wanted more for their children, in this regard, than their own parents/ primary caregivers had given them. It is unclear whether their expressions of the importance of education would be translated into practical acts of support. They did not explain what they did to enhance their own children's educational achievement.

This concludes the presentation of the factors considered by participants to be barriers to 'good enough' parenting. Their responses were grouped according to four main sub-themes: inadequate community infrastructure; problematic family structures; serious social problems; and personal factors. It was evident that parents were challenged by a lack of access to resources, such as healthcare, schools, police, recreational facilities, transport, and suitable housing. Many lacked social support systems. Their problems were compounded by a perception of lack of effective political leadership. Social problems of poverty, unemployment, crime, and alcohol and substance abuse were widespread in their neighbourhoods. A breakdown of family structures was reported, as evident in the predominantly single mothers who were left to carry the responsibility of parenting without assistance from their children's biological fathers, as well as a high rate of teenage mothers. Some participants raised a concern that promiscuity contributed to these issues. Apathy and sense of hopelessness, as presented by several Welbedacht East parents/ primary caregivers, reflected a sense of helplessness and despair. Some participants commented on the lack of foundational parental competence which compromised parenting practices, such as the poor educational levels of parents and their experiences of growing up in homes where caring, supportive relationships were absent and harsh punishment was common. These negative experiences continued to affect some of the parents/ primary caregivers in their adulthood. However, they had recognised their responsibility to arrest these intergenerational patterns. The intersectionality of the experiences of parents /primary caregivers is once more noted.

6.3 PART 2.2 OF THE FINDINGS: PROTECTIVE FACTORS AND COMMUNITY RESOURCES THAT PARENTS/ PRIMARY CAREGIVERS ACCESSED

As Saleebey (1996:19X) eloquently argues, all environments, even toxic ones, have resources:

No matter how harsh the environment, how it may test the mettle of its inhabitants, it can also be understood as a potentially lush topography of resources and possibilities [...] there are individuals, associations, groups and institutions who have something to give, something that others need: knowledge, succor, and actual resource or talent, or simply time and place.

Research has paid relatively little attention to the network of resources that vulnerable families need (Sousa 2005:165). Participants were asked to whom or where the parents/ primary caregivers of Welbedacht East turned to for help with their parenting issues. The responses of participants are organised according to the following sub-themes: Family, informal community-based leaders, religion, and formal or informal resources. The divide between the perspectives of parents/ primary caregivers and community champions appeared greatest within this theme, with community champions expecting parents/ primary caregivers to use the formal resources available to them. They raised concerns about the resistance of parents/ primary caregivers to seeking the help they needed. In contrast, the parent/ primary caregiver group shared the local parents'/ primary caregivers' tendency to rely on informal sources of support, in keeping with the acknowledgement that families do not need to turn to professionals for solutions to their difficulties (Sousa 2005:163). The resources available to parents/ primary caregivers, as identified by the community champions, are shared and contrasted with resources and opportunities outlined according to the domains of social inclusion (see Section 2.4). Finally, the reasons for parents/ primary caregivers not making use of the external resources are examined. The table explains the order in which the sub-themes and categories will be presented.

Table 6.3: Part 2.2 of the Findings – Protective factors and community resources that parents/ primary caregivers accessed

SECTION OF FINDINGS	PART 2.2
MAIN THEME	PROTECTIVE FACTORS & COMMUNITY RESOURCES THAT PARENTS/ PRIMARY CAREGIVERS ACCESSED
SUB-THEME 1: PROTECTIVE FACTORS	CATEGORIES: <ul style="list-style-type: none"> – Family – Informal community-based leaders – Religion – Available formal or informal resources

SUB-THEME 2: RESOURCES	CATEGORIES: <ul style="list-style-type: none"> – Utilisation of resources – Barriers to the utilisation of resources
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6.3.1 Sub-theme 1: Protective Factors

The protective factors identified were family, informal community-based leaders, religion, and formal or informal resources. Each are discussed using a combination of community champions' and parents'/ primary caregivers' opinions.

The value of family as a source of support for parents/ primary caregivers is explored first.

6.3.1.1 *Family*

Personal networks of support help to protect individuals from the stress of external pressures; reduce, prevent and respond to the physical and emotional disorders the individual experiences; increase support during life events and developmental life transitions; and promote the individual's well-being and social inclusion (Sousa 2005:165). The parents/ primary caregivers who were still connected to their families shared that when challenged by parenting issues they would seek help from their family members first, if available. Family members were not acknowledged by the community champions as a source of support for parents/ primary caregivers living in Welbedacht East.

The first parent/ primary caregiver to mention turning to family for parenting guidance was Hle (PPC): *"If you find that your child is out of control, you go to your family so that they can talk to your child."*

Sphindi's (PPC) perspective was similar, but she included elders in the family as additional relevant sources of help: *"I think the mothers go to their parents... They also go to their grandparents to get help."*

According to Dudu (PPC), parents would only involve individuals who were not family when all else failed: *"Well I think that they are scared to involve strangers. Most of them think it is better if they solve the problem themselves, as a family. It is better to involve the family, and only then ask others."*

The parent/ primary caregiver participants turned to their families for advice, conveying a sense that family matters are private. However, unlike the observation in Hope and Van der Merwe's study (2013:322) of multi-problem families, the parents/ primary caregivers did not

mention having a strong sense of family to support them to deal with the stresses they experienced. As stated by Sousa (2005:163-164), strong family ties, friends and neighbours are valuable sources of support to high-risk families. However, Mathebane (2016:171) refers to traditional African families adhering to the philosophy of keeping family matters within the family (secret). Families living in LSEEs are commonly isolated, detached or excluded from supportive relationships (Hope & Van der Merwe 2013:321; McDonald 2011; Sousa 2005:166). As mentioned previously, social ties in urban communities have reduced (Sampson 2003:S58), which offers a potential explanation why friends and neighbours were seldom mentioned as sources of support. Alternatively, as explained earlier, with the challenges of neighbourhood crime, substance and sexual abuse, participants did not allow themselves to easily trust or rely on others. No mention was made of a strong sense of community that helped to bolster the coping mechanisms of parents/ primary caregivers who had to manage their socioeconomic realities alone (Hope & Van der Merwe 2013:322). The meso-system resources as discussed in the presentation of the bioecological approach in the theoretical review (see Section 2.6.2) clearly were not that evident within this vulnerable community.

The next source of support mentioned was informal community-based leaders who were recognised as offering some support and direction to parents/ primary caregivers.

6.3.1.2 Informal community-based leaders

Two parents/ primary caregivers acknowledged that when troubled, they turned to informal community-based leaders who lived nearby for guidance.

The first to mention this was Josie (PPC): *“Well some of the people come to Aunty Sara (one of the CCs) for help. But Aunty Sara can’t give them the extended help that they need. They just explain their problem to her and she can only try to give them help. It’s not definite that she can help. Yes, I would say... just her really.”* Her narrative reflected the availability and willingness of a community-based leader to help, and the limitations of such help.

Carol (PPC), on the other hand, noted that when the informal community-based leaders were unable to assist, they would refer parents to a service provider: *“Sometimes that person (community-based leaders) will get the welfare to come here. Like Aunty Sara... she knows them and will call them to come and help when their help is needed. That is what happens when things are really bad.”*

Two of the community champions, Sara (CC) and Mary (CC), confirmed that parents turned to them for help, and they in turn referred them to the relevant services, often accompanying them to the referral agency as a means of introduction. Being older women, well-integrated in the community with well-established networks of support, it was evident why their assistance was sought in times of trouble. Community family therapy models have for some time spoken of the value of using community members to assist low-income families in need. They are recognised as “resource specialists” who are knowledgeable about the community and have accrued extensive information about the specific resources that are available (Doherty & Beaton 2000:154; Grimes & McElwain 2008:228; Rojano 2004:73). In Rojano’s Community Family Therapy model, they are referred to as citizen therapists (Rojano 2004:73). The problems experienced by vulnerable disadvantaged families are complex (Sousa 2005:165) and in this instance community champions were valuable brokers of services. Community-based social support is relevant in disadvantaged communities. Sousa (2005:165) explains that multi-problem families perceive the informal community-based leaders, such as Sara (CC) and Mary (CC) in this study, to be less judgemental and more approachable than professional services. The parents do not experience the fear when approaching them that their children will be removed from them, as they sometimes do with formal services.

The next protective factor identified was religion, recognised by both sample sets as offering valuable support to parents/ primary caregivers.

6.3.1.3 Religion

Religion was observed to be a popular protective factor, as identified in Hope and Van der Merwe’s (2013:322) study on multiple-problem families. In addition to the Christian churches in Welbedacht East, the Ashram provided interdenominational spiritual support for the residents. The approach adopted by the Ashram was more community-based than the churches, offering extensive support for children of all religious groups through their feeding scheme, child outreach programmes, mentorship, tutoring of school subjects, and interdenominational faith services for the children and their parents over weekends.

Many of the participants were religious and described themselves as involved in the church. The benefits of a spiritual base in raising children was mentioned in the literature chapter on ‘good enough’ parenting (see psychological/emotional development in Table 3.3, Chapter Three). Kuhle (PPC) shared that fellow church members were a source of support to her and others during difficult times in response to the research question: *“The church members are also helpful. We support each other... with any problems. If there is a big problem, then we pray for each other. They support me a lot by praying for me.”*

According to some community champions, the support that parents received from religious groups was less about the spiritual guidance they benefitted from and more about the social relief the different religious groups provided: grocery parcels and/or feeding stations, particularly over holidays. Spirituality, however, is positively associated with the contentment of family members (Koen, Van Eeden & Rothmann 2013:348).

Formal or informal resources that are useful to parents/ primary caregivers living in Welbedacht East were identified as lacking by the community champion participants.

6.3.1.4 Available formal or informal resources

There are many services that offer critical support to parents and families to enable them to care for children: maternal and child healthcare, early education, and childcare are those mentioned by McDonald (2011). The social inclusion paradigm notes that these can be expanded to include the resources needed for the well-being of the family as a whole: markets, services, crisis services, and spaces (World Bank 2013:6; McDonald 2011) (see Section 2.4.1).

The community champions listed several resources that offered services relevant to supporting parents in their parenting practices. Their feedback was contradictory, but has been tabulated, listing the resources in one column and the community champions (using their pseudonyms) who mentioned each resource in the second column. This offers some indication of the extent to which each resource was mentioned. The exercise confirmed that community champions had insufficient knowledge about the existing resources. This is acknowledged by McArthur et al (2010:20) as being the most common access barrier amongst vulnerable families.

Table 6.4: Available formal or informal resources as identified by community champions

Description of resource	Community champions who mentioned the resource					
Ambulance (Chatsworth)	Betty					
Ashram Clinic (closed during the research process)	Lindiwe Betty	Dina Pavi	Mary Karima	Sara Thoko	Vihaan Nahil	
Ashram feeding scheme	Lindiwe	Mary Grace	Sara Elias	Vihaan Nahil	Anna Betty	
Chatsworth Child and Family Welfare Society	Lindiwe Elias	Dina Grace Jay	Fikile Pavi Thoko	Vihaan Zanele Nahil	Anna Betty Karima	

Community Life Centre FBO	Dina					
Community champions	Anna	Sara	Mary			
Department of Home Affairs (Chatsworth)	Anna	Sara	Nahil			
Department of Social Development (Chatsworth)	Thoko	Nahil	Mary			
Four Early Childhood Development Centres/ day care	Zanele	Thoko	Nahil			
Environmental health officer (Department of Health eThekweni Municipality)	Zanele					
FAMSA satellite office	Thoko					
Faith based organisations – grocery hampers, feeding stations	Lindiwe Karima	Dina Jay	Betty Nahil	Grace	Pavi	
Fundani NPO for disabled children	Mary	Thoko				
Isibindi Project (Closed when the research commenced)	Anna	Zanele	Thoko			
Nomzama Mandela Primary School	Lindiwe	Pavi	Zanele			
Outdoor gym and playground	Lindiwe					
Primary health clinics – 2 in Chatsworth Mobile clinic in Welbedacht East	Pavi	Lindiwe Grace	Dina Zanele	Mary Elias	Anna Jay	Betty
RK Khan hospital (Chatsworth)	Dina	Betty	Thoko	Nahil		
South African Police Services (Chatsworth)	Nahil	Betty				
South African Social Services (Chatsworth)	Thoko	Nahil	Mary			
Thuthuzela Victim Empowerment Centre (Chatsworth)	Mary					
Zoe Development centre	Sara					

The resources the community champions revealed are discussed in the order of the frequency with which they were mentioned. The Chatsworth Child and Family Welfare Society was the most identified resource, followed by the Ashram's primary health clinic, which subsequently closed, leaving the residents with no fixed healthcare facility in their neighbourhood. Next were the mobile health clinic and the Ashram feeding scheme (they delivered cooked food to children in the community daily and school lunches to schools and served snacks to those who dropped into their homework centre after school). The FBOs were recognised as important.

Using a social inclusion lens to reflect on the resources as identified (see Section 2.4), it is evident that these resources were sorely lacking. Firstly, in relation to markets, whilst many parents/ primary caregivers owned their one-roomed houses, there were others who lived in informal shacks. No mention was made of housing officials or liaison officers based in the

community who attended to the parents'/ primary caregivers' needs or complaints in relation to their housing. Employment opportunities were scarce, and the community champions made no mention of government programmes targeting parents to upskill their work-related skills or create employment opportunities, such as public works programmes (Budlender & Lund 2011:939). Instead, the parents/ primary caregivers were dependent upon casualised labour, a dangerous form of employment associated with unhealthy or exploitive working conditions, as noted by Atilola (2014:4). Many parents could not access credit when faced with unexpected financial expenditures and there were no banking or automatic teller facilities anywhere in the neighbourhood (Mashigo 2006). Healthcare and education services were insufficient to satisfy the demands of the community. The absence of a permanent public health clinic was a risk factor, particularly in terms of reproductive health and antenatal care services, which could potentially increase the risk of unplanned pregnancies and HIV infections (Holt et al 2012:292). Residents had no access to any form of local protection services. It is acknowledged that police services in South Africa are understaffed, overworked, and challenged by a lack of vehicles, qualified officers, and proper training (Du Plessis, Kagee & Maw 2009:286). Crisis services were scarce and only available in Chatsworth, which included the police station, provincial hospital, victim empowerment centre, and welfare services, and public transport to access these services was costly. No mention was made of opportunities for parents to participate in or connect with social networks other than the religious organisations. Welbedacht East offered no resources that parents, and children could engage in for recreational purposes. The only public space was the outdoor park, which was neglected and, as in Prinsloo and Wilson's study (2017:381), the playground equipment was in disrepair and unsafe.

Lindiwe (CC) mentioned the vandalism of the public park: *"The problem is that people are stealing the resources and taking parts of the apparatus away. I am not sure if they sell these bits. It is so hard that some members in the community are pulling us back instead of allowing us to improve."*

Services or resources are linked to the survival of families and therefore in their absence or when lost, as mentioned by Hope and Van der Merwe (2013:320), cause a downward spiral of other losses that render families powerless and feeling out of control. Promotion of access to services, social networks, and assets are therefore important for strengthening parenting (Jordan et al 2014:405).

Consideration was given to the utilisation of the identified resources by the parents/ primary caregivers.

6.3.2 Sub-theme 2: Resources

Environmental factors become debilitating for parents/ primary caregivers when they are confronted by situations that demand more than the personal resources they have and/or the environmental resources that are available to them (Chang et al 2018:141). Therefore, it was appropriate to discuss resources from two perspectives: the extent to which they were utilised and barriers, if any, that prevented them from making use of the existing resources.

6.3.2.1 Utilisation of resources

There were two perspectives about the extent to which parents/ primary caregivers made use of the resources as presented in Table 6.4. Some indicated that the resources were well-used, and others suggested they were not.

- **Resources utilised**

Only two community champions indicated that the parents/ primary caregivers used the resources that were available to them. The first was Dina (CC), who said: *“These resources are well-used.”*

However, according to Sara (CC), the two services that were well-used were those that were locally-based. She mentioned specifically the primary health clinic situated at the Ashram (it has closed down since the interview) and the feeding scheme that was sponsored and executed by the Ashram. According to Sara (CC): *“I have noticed that people use the clinics and the feeding schemes. But many people don’t like to go to the other services in Chatsworth.”* Her narrative suggested that services in Chatsworth were not popular.

The other perspective was that resources were not well-used.

- **Resources are not utilised**

The popular sentiment was that the resources that had been identified in Table 6.4 were not well-used.

As noted by Caruana and McDonald (2011), in order for services to be socially inclusive, service providers must ensure that they are accessible. This had not been done so for parents/ primary caregivers living in Welbedacht East. The cost of public transport was high, making services in Chatsworth inaccessible; walking became a risk because of the lack of safety in the neighbourhood; parents/ primary caregivers lacked childcare help

when they had to seek or receive services; parents/ primary caregivers were never able to access the services at the times they needed them most; and services had long waiting times.

The barriers to the utilisation of resources were identified by the participants.

6.3.2.2 Barriers to the utilisation of resources

Several barriers affecting the utilisation of services by parents/ primary caregivers were identified by both sample sets: some barriers were personal and related to the attitudes, feelings and personal natures of the parents/ primary caregivers; some were practical and included reasons such as lack of time, distance to services, and lack of knowledge about the services; some were related to the quality of the services that were offered to parents/ primary caregivers and the way that they were offered; and finally, there were times that asking for help created negative outcomes for parents/ primary caregivers. Participants' explanations of why the uptake of existing services was poor are tabulated. Some differences of opinion are evident in the responses of the different sample sets as noted in the table.

Table 6.5: Barriers to utilising available resources

BARRIERS	CC's & PPC's PERSPECTIVES OF IMPACTING FACTORS	
SAMPLE GROUP	Community Champions	Parents/ Primary Caregivers
STIGMA	<ul style="list-style-type: none"> • Fear of being stigmatised 	<ul style="list-style-type: none"> • Fear of being stigmatised
PERSONAL CHARACTERISTICS	<ul style="list-style-type: none"> • Resistance to accepting help • Apathy • Laziness 	
PRACTICAL & TIME-RELATED PRESSURES	<ul style="list-style-type: none"> • No suitable spaces 	<ul style="list-style-type: none"> • Long waiting times • Practical distance • Poorly informed
SOCIAL WORK SERVICES	<ul style="list-style-type: none"> • Services do not meet parents'/ primary caregivers' needs • Not integrated into the community • No suitable spaces for programmes 	<ul style="list-style-type: none"> • Services do not meet parents'/ primary caregivers' needs • Individual not group programmes • Not integrated in the community • Distance
FEAR OF ENGAGING WITH OTHERS		<ul style="list-style-type: none"> • Threat of statutory intervention • Reprisal of the perpetrator • Being judged • Lack of trust in others

The barriers that were identified by parents/ primary caregivers and community champions correlate with those mentioned by Berry, Hayward and Porter (2008:51): practical, social, mental health, stigma, personal. The participants' narratives are shared to explain each

category reflected in the table. The two barriers identified by both sample sets were fear of being stigmatised and parent/ primary caregiver dissatisfaction with social work services. The community champions blamed the personal patterns of the parents/ primary caregivers, such as their resistance to accepting help, apathy and laziness. In contrast, the parents/ primary caregivers shared the nature of the risks that parents/ primary caregivers exposed themselves to when disclosing their problems. They further identified lack of trust amongst people living in Welbedacht East as contributing to parental resistance to seeking assistance.

a) Stigma

The participants shared that when parents/ primary caregivers sought professional assistance, they opened themselves up to criticism and judgement from others (Van Zyl et al 2015:159). According to Fikile (CC), although about a half of the residents living in Welbedacht East were aware of the services that the Department of Social Development and the Chatsworth Child and Family Welfare Society offered, they had not used them: *“They don’t access the welfare services. They sort of hide their problems away.”*

To avoid the stigma associated with admitting their problems, parents/ primary caregivers living in Welbedacht East avoided using the services.

Participants	Quotation
Hle (PPC)	<i>“...And also parents are afraid that the other people with think that they are a disgrace. They feel embarrassed about going for help. With the kind of people that we are, we don’t go for help. No, I have never gone to anyone for help.”</i>
Sphindi (PPC)	<i>“Some of them (parents) have ego. They are scared to talk. They are scared of the comments. People here live their lives according to what the other people say. You can say that it is all about the stigma of getting help.”</i>
Vuyi (PPC)	<i>“They are too proud, and they don’t want others to know that they have problems. They are afraid that others will judge them. You know, ‘Oh you can’t run your family properly!’ or ‘You can’t raise your children properly!’ They worry what others will say and think of them. They just go ahead and try to sort their things out on their own. They don’t find out how they can do it better. You normally do need help.”</i>

The reluctance of parents/ primary caregivers was seen to be linked to their fear of losing the respect of others and being criticised. Mathebane (2016:181) noted in his study of African parents with children born with Down Syndrome that parents did not use the available assistance because they feared being labelled, judged, pitied or mocked by others (including friends and family). As in Mathebane’s study, the Welbedacht East parents/ primary caregivers clearly wished to protect their personal pride.

Personal characteristics of parents/ primary caregivers were recognised as determining who would or would not make use of services.

b) Personal characteristics

Community champions identified several personal characteristics or attitudes amongst Welbedacht East parents/ primary caregivers that determined their openness to receiving help from others. These were resistance to accepting help from others, apathy, and laziness. The community champions' perspectives on this are tabulated to reflect their opinions of the reluctance of parents to receive the help they needed.

Participants	Quotation
Grace (CC)	<i>"They don't know about these services, but they also don't seem to want to know about them. They have this bad attitude of not wanting to get help for their problems."</i>
Mary (CC)	<i>"They are not using the resources. They find excuses every time. They are running away from their problems."</i>
Elias (CC)	<i>"People are very lazy. They won't attend things. If you really want to get them to participate you must offer lunch... food. Because people are hungry they will come for the food."</i>
Thoko (CC)	<i>"Oh, they are stubborn and lazy."</i>
Nahil (CC)	<i>"It's laziness. People don't want to better themselves."</i>
Jay (CC)	<i>"Oh, they are very lazy in terms of seeking help. It seems as if they children get help only when the schools initiate and refer them."</i>
Betty (CC)	<i>"The people here don't want to use nothing. They just want others to do things for them."</i>
Anna (CC)	<i>"The people here don't want to acknowledge their problems. When they do, they want people to come to them."</i>
Pavi (CC)	<i>"Community participation in programmes is so poor. We always have a very poor turnout when we arrange awareness events. The parents here show no interest. Even when we refer the children to professionals for specialised services, their parents never take them. They are so apathetic."</i>
Karima (CC)	<i>"People don't use the resources. They are completely apathetic. They don't seem to want to improve their lives."</i>

The perspectives of Grace (CC) and Mary (CC) implied the "subtle resistance of parents" as identified in Nhedzi and Makofane's study (2015:362). The next few responses focused on the laziness of parents/ primary caregivers. Those of Jay (CC), Betty (CC) and Anna (CC) present just the opposite of resistance to seeking help, as they implied that parents/ primary caregivers were reliant/dependent upon others for resolving their problems. Some scholarly works perceive government initiatives to create dependence among parents, allowing them to abdicate their parental responsibilities (Chikadzi & Pretorius 2011:262; Hölscher et al 2009:18; Nhedzi & Makofane 2015:363). Strongly worded references were raised about the apathy

amongst parents/ primary caregivers of Welbedacht East and it was suggested that even when programmes that benefit parents/ primary caregivers were available, they failed to engage because they were not interested in self-improvement. The literature control related to apathy and laziness is presented in Section 6.2.4.1 and will not be further developed in this section.

Some practical reasons why services were not utilised were also mentioned.

c) Practical and time-related pressures

Practical and time-related pressures are known to deter parents from making use of services, as stated by Axford, Lehtonen, Kaoukji, Tobin and Berry (2012:2062). They note that for parents who live in LSEEs, childcare and transport are scarce and offer practical reasons why parents fail to make use of services (Axford et al 2012:2062; Wessels et al 2016:4).

The services for the Welbedacht East parents/ primary caregivers were not conveniently situated. Using the example of having to visit the child welfare organisation, Hle (PPC) said: *"You must go all the way to Chatsworth to see a social worker!"*

A similar point was made by Josie (PPC): *"We get no professional help around here. Besides, the police station... where you have to hang around there for at least half a day. You get tired waiting for them to give you the help you need. It is the same when you go to Unit 5. There is an office with social workers, but they... I don't know if it is an excuse or what, but you can't get help on the same day. They will give you a talk, explain things and then tell you to come back another day. And so the travelling is expensive and so you don't go back."*

Long waiting periods at the police station, welfare offices, and clinics seemed to be the norm. Many parents/ primary caregivers lacked money for public transport to get to services and preferred to use the transport money for other purposes, such as purchasing bread, as noted by Wessels et al (2016:4). Multiple visits to services situated outside the neighbourhood, as reflected in Josie's (PPC) narrative, therefore had to be carefully rationalised.

Several references were made about the parents'/ primary caregivers' specific dissatisfactions with social work services.

d) Social work services

The participants' responses related to social work services are presented according to several categories raised: lack of information about professional services; the lack of social work

presence in Welbedacht East; dissatisfaction with social work services; and the personal manner/attitudes of the social workers.

- **Lack of information about professional services**

In discussing the service providers, there was little clarity about the nature of social work services that were available to assist families in Welbedacht East. Fikile (CC) provided an example about the confusion of the scope of services the child welfare organisation offered: *“There are people from Child Welfare. I see them taking about their services at the clinic in Chatsworth, but I have not heard of them talking about parenting.”* The lack of public meeting spaces did not afford them an opportunity to publicise what services they offered: *“I haven’t heard of them running any programmes. They say that don’t have a space to do them in Welbedacht East.”*

As a social worker in the area, one would have expected that she would have known about the nature of services available to parents in the area. Social workers working with marginalised communities provide the community members with valuable links to resources (Simpson 2003:157; Strydom & Tlhojane 2008:45).

A parent/ primary caregiver, Sphindi (PPC), also added the following: *“Some of the people here are less informed. They have no information about the places that can help them. They need a better understanding of the organisations where they can get help from.”*

These comments are consistent with other findings in the literature. Often services are not used, because parents do not know the services exist, nor understand what they entail (Axford et al 2012:2063).

There was a perception that social work services were scarce in Welbedacht East.

- **Lack of presence of social workers in Welbedacht East**

There were multiple references to the failure of welfare services to respond to the needs of the Welbedacht East community. The assumption was that social workers seldom presented themselves in the community.

Sara’s (CC) opinion is shared first: *“The welfare hardly ever come out to check on parents here.”*

This was reinforced by a parent/ primary caregiver, Xoli (PPC): *“There are no professionals to help you. You have to bring up your child on your own. Social workers? ...No. I have never seen them. They don’t come here.”*

Rekha (PPC) acknowledged that social workers visited Welbedacht East, but stated that their visits were not often enough to engage the parents/ primary caregivers: *“Ja. There are social workers. But they need to get involved more. It is no good them only coming on a Tuesday.”*

Several studies mention that South African families receive insufficient family support services from social workers for a number of reasons. Amongst these are: the financial constraints experienced by welfare organisations (Nhedzi & Makofane 2015:368; Strydom 2013:513; Strydom et al 2017:158); the high caseloads of social workers (Mosoma & Spies 2016:199; Nhedzi & Makofane 2015:369; Strydom et al 2017:158); the shift in welfare services towards child protection, prioritising families at highest risk of child abuse and neglect over prevention and early intervention work (Strydom et al 2017:158); and social workers’ lack of understanding about addressing preventative services within a developmental paradigm (Mosoma & Spies 2016:199; Nhedzi & Makofane 2015:368; Strydom 2013:513). These factors provide viable explanations why social work services were not reaching the parents/ primary caregivers in Welbedacht East as the participants had hoped.

Participants verbalised their dissatisfaction with social work services in general.

- **Dissatisfaction with social work services**

Amongst the complaints mentioned was that parents/ primary caregivers did not get the help they wanted. Hle (PPC), who had mentioned the inconvenience of having to travel to Chatsworth to see a social worker, questioned whether the outcome was worth the effort and expense: *“There are times when you think things are bad. So, you decide to go for help outside your family. And so, you go to the social worker to present your problem. And so, you just present your problem, and you will never get the help you need. We don’t get the help. That is why we don’t worry ourselves about asking for help, because we don’t get the help.”*

Josie (PPC) complained that social work services focused on counselling instead of being more community oriented: *“They don’t arrange times for community meetings. You never see a social worker arranging a meeting. No. It never happens here.”* The

merit of offering support and providing information to parents/ primary caregivers before reaching the problem stage is reported by McArthur et al (2010:vi). They note that this helps to promote social inclusion, as it enables disadvantaged parents to build informal networks and support.

Sphindi (PPC) agreed with her: *“The professionals do not come to teach people, especially in a place like Welbedacht.”*

Several authors raise their concerns about social workers failing to deliver the services that their clients want. Firstly, Strydom and Tlhojane (2008:45) note that social workers do not engage in intervention that supports families in managing their poverty-related issues. Poverty was a pressing issue in Welbedacht East. Mathebane (2016:178) reported that the Black African women in his study were frustrated by the social workers who focused on their practical needs, such as accessing social grants, rather than offering the psycho-social support they wanted. Two of the parents/ primary caregivers expressed the need for group-based or community-based interventions which had not been offered to residents of Welbedacht East. There are two reasons that Strydom (2012:451) gives for social work services not meeting the needs of vulnerable families: social work service plans are not specific about the concrete services that they should be offering families, and they fail to offer combined educational and therapeutic services as relevant to prevention and family preservation.

For some, the complaint was the personal style of some of the professional people in serving the parents/ primary caregivers.

- **Personal manner of professionals**

Practitioner skills and characteristics are influential in terms of achieving cooperation and positive outcomes from parenting programmes or interventions that are offered (Whittaker & Cowley 2012:143). Authors Whittaker and Cowley (2012:143) refer specifically to the need for family practitioners to be supportive and non-judgemental. Rekha (PPC) experienced the opposite: *“They don’t give parents support. Our clinics put people down instead of helping them. When you go to child welfare, the first thing they say is, ‘No, you are not doing such and such’, and ‘doing it like this is wrong’. They don’t build people up. So, I say no. They don’t give us support.”*

The article by Strydom et al (2017:158) explains that social workers are often perceived as direct or officious for two reasons. Firstly, they have high caseloads to contend with,

resulting in them becoming more authoritarian and directive about what changes parents need to make to their lifestyle to avoid the statutory removal of their children. Secondly, neoliberal policies have had a negative impact on child and welfare services in South Africa; the focus is on developing standardised norms and standards, instead of individualising services. Social workers have become very target-focused and the number of cases managed takes precedence over taking the time to establish relationships with clients and focusing on the best interests of the family (Strydom et al 2017:157-158). Strydom et al (2017:156) acknowledge that these issues impact on health workers too, who also have to make similar choices as to whether to comply with the rules of the government or follow their professional commitment. The social workers who were allocated the Welbedacht East cases were overworked and under-resourced, struggling to manage a high number of statutory cases.

The fear of the consequences of asking for help was a deterrent to some parents/primary caregivers to make use of social services.

e) Fear of engaging with others

Engaging with others regarding their personal issues was intimidating for some parents/primary caregivers. They were threatened by potential statutory consequences and/or feared retaliation from the persons they had gone to for assistance.

Josie (PPC) spoke of the fear of children being removed: *“Let me give you an example. Abusive parents. If they want counselling, they will fear that whoever is going to offer the counselling will take their children away from them. That is what most people think... If you tell professional people that you are abusing your child, then they might take your child away.”*

Angel (PPC) explained that many women were warned by an abusing partner not to disclose the abuse: *“So sometimes parents are having problems in their relationship with one another. The one will hit the other. The person who did the hitting will tell the other one that they must not go to the police, or they must not go to Child Welfare, or else they will be killed. They don’t go and get help. They just carry on letting the person do the things to them that make them unhappy.”* Her position was that several mothers living in Welbedacht were trapped in their abusive relationships.

Because of the lack of trust in others living in the neighbourhood, there was a general perception that neighbours were malicious and interfering, and falsely reported parents/primary caregivers to the social workers. Rekha (PPC) was one participant who raised this

point: “And then the people in the area will like go to the social workers and say, ‘You know so and so is doing such and such’. They report that the child is in danger, even when it isn’t even happening.”

The participants drew attention to the multiple dynamics involved in seeking professional assistance. They reported that the services available were not well-marketed and the presence of social workers was not felt in the community, because they failed to spend time in the community. There were several opinions noted about social workers not meeting the needs of the parents/ primary caregivers. Some feared that their engagement with social workers would open the doors to professional scrutiny and lead to statutory removal of their children from their care. Other factors mentioned by parent/ primary caregiver participants were the fear of parents being judged by fellow residents and professional people, and the low levels of trust between community members living in Welbedacht East.

6.4 PART 2.3 OF THE FINDINGS: CULTURE AND ITS INFLUENCE ON PARENTING PRACTICES IN WELBEDACHT EAST

Table 6.6: Part 2.2 of the Findings – Culture and its influence on parenting practices in Welbedacht East

SECTION OF FINDINGS	PART 2.3
MAIN THEME	CULTURE AND ITS INFLUENCE ON PARENTING PRACTICES IN WELBEDACHT EAST
SUB-THEME 1: CULTURE DOES NOT AFFECT PARENTING PRACTICES IN WELBEDACHT EAST	CATEGORIES: <ul style="list-style-type: none"> – Westernisation and the media – Religion – Universally accepted parenting principles – Social issues are universal issues
SUB-THEME 2: CULTURE DOES INFLUENCE PARENTING PRACTICES IN WELBEDACHT EAST	CATEGORIES: <ul style="list-style-type: none"> – Lack of parental supervision, routine and structure – Parental distance and nurturance – Harsher disciplinary practices – Attitudes about education
SUB-THEME 3: THE POSITIVE OUTCOMES OF RACE AND CULTURE	CATEGORIES: <ul style="list-style-type: none"> – Cultural heritage – Cultural pride – Mother tongue – Resilience

There is contradictory evidence of the extent to which culture, as in ethnicity, impacts on parenting practices. While some authors note that culture specific groups approach parenting tasks differently and prize different parental outcomes (Bornstein 2015:4; Cauce 2008:228), others indicate that SES serves predominantly as an influential facilitating factor (Ceballo et

al 2008:223; Hill & Tyson 2008:195). Participants from both sample groups were asked about the extent to which culture influenced parenting practices in Welbedacht East and their responses were mixed. Some reflected that culture was not a significant variable in parenting in the community, whilst others provided examples of the role that culture played in parenting. The sub-themes and their categories are presented in the next table.

Table 6.7: Sub-themes according to culture and its impact on parenting practices in Welbedacht East

SUB-THEMES	CATEGORIES IDENTIFIED BY CCs	CATEGORIES IDENTIFIED BY PPCs
Culture does not affect parenting practices in Welbedacht East	<ul style="list-style-type: none"> – Westernisation and the media – Religion – Universally accepted parenting principles – Social issues are universal issues 	<ul style="list-style-type: none"> – Religion
Culture does influence parenting practices in Welbedacht East	<ul style="list-style-type: none"> – Supervision, structure and routine – Parental distance, respect and nurturing – Disciplinary practices – African cultural practices: extended families; traditional medicine; <i>lobola</i> – Education 	<ul style="list-style-type: none"> – Parental distance and respect – Disciplinary practices
The positive outcomes of race and culture		<ul style="list-style-type: none"> – Cultural heritage – Cultural pride – Mother tongue – Resilience

The narratives of the participants are presented with a literature control to illustrate the perspectives reflected in this table.

6.4.1 Sub-theme 1: Culture does not affect parenting practices

Those participants who reflected that culture did not influence parenting practices suggested that there were other more powerful mediating influences on parenting, namely religion, Westernisation and media, universally accepted parenting practices, and the opinion that social issues were in reality universal issues.

SUB-THEME 1	CULTURE DOES NOT INFLUENCE PARENTING PRACTICES
<ul style="list-style-type: none"> • Westernisation and the media • Religion • Universally accepted parenting principles • Social issues are universal issues 	

The discussion commences with the participants' perceptions of the influence that Westernisation and the media played on parenting.

6.4.1.1 Westernisation and the media

It was suggested by some participants that people were less involved in their cultural ways because of the effect of Westernisation and media. When asked to share her views about whether culture had affected her parenting practices, Hle (PPC), a Zulu woman, said: *"I don't know much about isiZulu. I just know how to speak the language."* Her narrative suggests that because of urbanisation and the passage of time, she had lost knowledge and understanding of her cultural background.

Elias (CC) built on Hle's (PPC) perspective and explained that Westernisation had dissipated cultural practices: *"I don't see any cultural practices these days. People are so Westernised, and you know, they are practicing what they see on media and all these things. I don't see culture being practiced here."*

Some authors, such as Baker (2006:39), suggest that there is a "globalisation of culture", where largely Western ideas from the USA, the UK and Europe are adopted by other countries in the world. It is further noted by Bornstein (2015:3) that social media influences parenting cognitions and practices. A slightly different perspective is presented by Rodriguez-JenKins (2014:319), who observes that because of the dynamic interplay of ecological factors, traditional culturally bound values are altered. Children introject values and lessons from the external environment in which they live, over which parents have little control, to fit in (Rodriguez-JenKins 2014:319). This latter perspective was not detected in Elias' (CC) response.

The impact of religion on parenting practices seemed to be stronger than culture in Welbedacht East.

6.4.1.2 Religion

Two parents/ primary caregivers, Olga (PPC) and Hle (PPC), expressed their belief that parenting practices were influenced by religion rather than culture. As validated by Horwath and Lees (2010:94), there is substantial evidence about the influence that religion has on parenting.

Olga (PPC) stated it as follows: *“To me it (parenting practices) does not have to do with being a Xhosa, and anything else. It has got something to do with my being a Christian... because I believe in front of God, we are all the same, whether we are Zulu or Xhosa. So, the way I am bringing up my children has got to do with my being a Christian. That is what helped me so much. More than being a Xhosa. Because there are some Xhosa things, things that Xhosa’s do, that don’t help me. But God helps me.”*

Her perspective was shared by Hle (PPC), who said: *“I would say, it is my religion and not my culture... But I see my religion to be the best influence. I have also taught my child that it is important to have faith in God. Because God is always with me. He will never forsake me, no matter how I have sinned. Others can do whatever in the world... but God is important.”*

The significance of religion as a positive influence on parenting, particularly families living in LSEEs, is observed by Sullivan (2008:164). Whilst religion was mentioned by some parent/ primary caregiver participants, it was not mentioned as a mediating influence on parenting in their responses to this question. They regarded Westernisation and media to have had a bigger influence.

Related to this was the perception that there were several universally accepted parenting practices that influence parenting.

6.4.1.3 Universally accepted parenting principles

According to Pavi (CC) and Dina (CC), even though there were different cultures in the community, the parents were seen to share the common intention to raise well-adjusted children. They explained that parents of different cultures, despite their diversity and different beliefs, wanted to raise well-adjusted children. Even though they differ in some respects, all cultures share the same parenting goal: to ensure that their children grow up to be well-adjusted. This, according to authors Bornstein (2012:216) and Ebot (2014:160), is referred to as universally accepted parenting principles.

The comment made by Pavi (CC) refers: *“It does not influence parenting (referring to culture). Because each one brings up the child in their own culture. And that’s fine. No culture wants to allow a child to become a delinquent, a dropout from school, or to be loitering on the streets. Even though every culture has its own norms and values... they all don’t want their children to turn out bad. I don’t see any difference. No difference at all.”*

Dina (CC) further alluded to this notion: *“When we had our parenting programme we had mainly Black and Indian parents and they were mainly women and some men. But culture didn’t seem to have an effect. They wanted the same things for their children...”*

The final category as presented by one of the participants during the discussions of parenting and culture was that prevalent social issues should not be linked to culture, but rather contextual realities.

6.4.1.4 Social issues are universal issues

Child abuse and neglect had been stated as matters of great concern throughout the interviews. The last narrative is related to Thoko’s (CC) perspective that discussions on abuse and neglect should not be associated with any culture or race in Welbedacht East, because these were “universal” problems: *“Parents act the same, irrespective of race... even Indians are like Blacks. Whites are like Blacks. So, it’s universal... The things that they do to their children, like neglect. Even in the other families living here they abuse their children. They take drugs. So, it’s like they are the same.”*

What her position alludes to is that which Le et al (2008:168) maintain are the common experiences of social disadvantage across ethnic groups that resulted in the development of a “culture” that influenced parenting practices.

The responses from participants that indicated that culture does indeed influence parenting practices in Welbedacht East are shared in contrast to the perspectives above.

6.4.2 Sub-theme 2: Culture does influence parenting practices

There appeared to be more participants who felt that culture influenced parenting practices, than those who felt that it did not. The community champions had the most to say and offered varied perspectives, most of which had not been raised by the parents/ primary caregivers. The categories that emerged from their interviews related to culture impacting parenting practices were: lack of parental supervision, routine and structure; parental distance and respect; absence of nurturance; harsher disciplinary practices; African cultural practices,

which included extended families and *Ubuntu*⁵, *lobola* (see Section 6.4.2.5 for a full definition of *lobola*), and traditional medicines; and attitudes about education. The two categories that were consistent with the parents'/ primary caregivers' perspectives in this sub-theme were harsher discipline and parental distance and respect. Their comments pertaining to these will be integrated into the discussion of the community champions' observations, and their additional contribution about the value of cultural heritage on parenting will be discussed accordingly.

SUB-THEME 2	CULTURE DOES INFLUENCE PARENTING PRACTICES
	<ul style="list-style-type: none"> • Lack of parental supervision, routine and structure • Parental distance and respect • Absence of parental nurturance • Harsher disciplinary practices • African cultural practices: <i>Ubuntu</i>, <i>lobola</i>, traditional medicine • Attitudes about education

The perspectives regarding lack of supervision, routine and structure are presented first.

6.4.2.1 Lack of parental supervision, routine and structure

Some community champions associated the lack of supervision of children in the community as being more typical of African parents than Indian or White parents. The first was Vihaan (CC), an Indian man, who said: *"...I lived with Whites for 20 years, so I know. Also, if you take the Indians. Like that little boy you saw is two and a half, three years old, and he will never be left to run on the streets, even though we have a wall and security. But to them, that child is in the streets. And then the soil. The child is playing in the sand and is rolling in the sand, and because of the dogs here, they got this skin problem, and there are so much of diseases on them you know. We won't allow that. But they... they just... it's like a norm for them."* Vihaan (CC) uses "they" as a means of differentiating between Africans and other races.

Zanele (CC), a community champion of African descent, differentiated between parental monitoring by African parents and other races too. She observed that the supervision of minors was taken more seriously by parents of other race groups than African parents: *"You can see the way they treat that child. When the children go to aftercare or a crèche. Some of them can go alone, but in the other races they are usually accompanied by somebody."*

⁵ *Ubuntu* is the belief that an individual's humanity is expressed through personal relationships with others in a community, and in turn they recognise the individual's humanity (Nyaumwe & Mkabele 2007:152).

These perspectives are inconsistent with those of Zarnegar (2015:45), who asserts that Western ideas of parenting are more likely to promote the independence of children, “as much as they can, as early as they can”. Whilst it is acknowledged that parenting is often adapted to deal with contextual factors, especially to protect the safety of children in high-risk areas (Zarnegar 2015:44), the opposite was reported to be happening in Welbedacht East.

The promotion and sustainment of a meaningful routine in the child’s life is regarded as a universal indicator for facilitating child well-being (Weisner 2010:215) (see Table 3.3). Findings indicate that delinquent behaviour amongst African American adolescents in urban communities of low SES are associated with the lower levels of routine imposed in their homes (Lanza & Taylor 2010:540). Given that structure and routine is one of the indicators of ‘good enough’ parenting, the absence of this in the community was of concern.

Although Dina (CC) had originally stated that culture did not affect parenting practices, she indicated that culture played some role in the extent to which parents instilled routine and structure in the home and referred to her experience of the cluster foster home she was linked to: *“I think culture does play some kind of role, because at our home we have only Black foster parents and we have an Indian... But the way that the Black foster parents bring up their children is different to how (the Indian relief worker) would bring her children up... Like she would insist that children would have to get up, wash and pray... like she has a set routine that they have to follow, but the Black parents don’t use that same routine. The children all just get up when they want to, even though they go to school. We say that they have to get up a certain time, because they have to have a lot of time to get ready, get changed and eat their breakfast and everything before they go. But they have a more... is the word relaxed attitude in their parenting?”*

Dina (CC) refers to this way of parenting using the word “relaxed” and associated this attitude with the African foster mothers. She too differentiates between Black and Indian parents, and identifies with the Indian way when she says, “we say”. A factor that should be taken into consideration is that the foster parents were not related to the children they cared for, which may have accounted for the different parenting values they adopted with them. Dina’s (CC) observation contradicts academic perspectives. Offering personal choices to children is normally associated with the Western cultural values of personal rights and freedom, rather than cultures that advocate or promote interdependence (Bornstein 2012:213; Zarnegar 2015:45). Even though it is noted in the discussion of ‘good enough’ parenting indicators that establishing routine in a child’s life is an important parenting indicator (see Table 3.2, Chapter Three), it should be noted that some of these indicators are largely driven by Westernised

values which Choate and Engstrom (2014:377) refer to as creating a subtle presumptive bias, which should never be imposed on parents from other cultural groups.

Demonstrations of parent-child nurturing and the formality of parent-child interactions were one of the areas that was mentioned as different between the racial groups in Welbedacht East.

6.4.2.2 Parental distance and respect

Some of the African participants referred to the “distance” between adults and children as being more typical of African parent-child relationships than other cultural groups living in Welbedacht East.

Participants	Quotations
Fikile (CC)	<i>“I think that they have turned this thing of having a distance between the child and the parent into... I am not too sure if it is the norm... but I think that is the most common thing, that most the parents are doing... having that distance...”</i>
Zanele (CC)	<i>“No, we don’t have the same relationship as other cultures (referring to the relationship between parents and children). Because to us as an African, a child must know that this is an adult person. He mustn’t talk whatever he wants to say or do whatever he wants to do. In other race groups... because I have been working with multiracial groups... I can see that children... their relationship is too much like it’s your friend. The baby, or your child can treat you like you are like his friend, and can do whatever, in front of the parent.”</i>
Faith (PPC)	<i>“This distance... it’s about respect and manners.”</i>
Josie (PPC)	<i>“I would say his father’s side of the family... they are always demanding respect. No matter what the age, or whatever, but you always have to respect a person, no matter if you are talking, or playing, but there is always that respect.” (Referring to her son’s Zulu paternal heritage, as she was Indian).</i>
Mary (CC)	<i>“This is true about African people. They don’t have the communication skills to be able to talk with their children. Most of them don’t. And they are very distant with their children and they believe that the way they are treating their children is the right thing to do. What is happening to them, is the way they grew up. They think is right to bring up their children in the same way.”</i>

The views of the community champions were that “parent-child distance” was an African-based parenting script. The parent-child relationship in African culture was meant to be characterised by high levels of respect between children and their elders, demonstrated in both speech and actions. However, the distance between parents and children was an issue of concern, as it meant that parents failed to communicate to their children about important matters.

It was noted by Carol (PPC) that according to her Shona culture, parental respect was prized and this was less evident in Welbedacht East, somewhat contradicting the perspectives that

had been given by the others. Carol (PPC) shared the following: *“The Shona culture... There are certain things that we don’t allow our children to do... When I look at some parents and children around here, I realise that we are different. The way we talk to our elders.”*

The different values associated with parenting priorities are discussed in literature. As noted by Bornstein (2015:4) and Zarnegar (2015:45), collective cultures, which include African cultures, place a high premium on respect and social courtesy in comparison to individualistic cultures that prize autonomy, verbal competence, and nurturing the self-confidence of children (Bornstein 2015:3-4; Ebot 2014:143-144). This may explain why participants reported African parent-child relationships as being more formal and distant. This has been identified as one of the factors that puts young women at risk of falling pregnant, because children are not informed by parents about the consequences of sex and the importance of prevention (Holt et al 2012:288).

Associated with parental respect and distance is the level of warmth or nurturance that parents demonstrate towards their children.

6.4.2.3 Absence of parental nurturance

Mary (CC), a Zulu woman, expanded on her views on the distant parent-child relationships, adding a new dimension to this theme: nurturing and kindness. She proposed that children who enjoy close, loving relationships with parents carry this learned sensitivity into their interactions with other children and animals.

Mary (CC) used strong words such as “hard-hearted” to describe the quality of African parental relationships with children: *“They are not doing any good (referring to parents who perpetuate intergenerational patterns of limited emotional expression towards their children). Because their children also become hard-hearted... like what I notice there, the children of other races when they... they... see like a cat or dog or puppy, there is this loving tenderness... Yes, there is this loving, softness, tenderness. It doesn’t matter what their situation is at home, but they still got that thing – softness and tenderness – and when you see the Black child and when you see them with the animal... maybe when this animal tries to get free... then they just throw the animal and scream. They get scared and then they throw this animal on the floor, on the road or whatever. The other child from another race will say ‘Oh no. What are you doing?’ ‘Oh shame, man! What did you do that for?’ and this other one won’t see that what he did was wrong. You see. And also, this thing... killing the rabbits. Also, I mustn’t think that killing the cat is acceptable because the cat ate my food! ...It is important to nurture the child, because that teaches the child to nurture.”*

One of the indicators of parenting competence is nurturing and should be evident in the parent sharing affection, being responsive, and offering protection to the child (Moran & Weinstock 2011:174). Whilst some research reports levels of parental warmth being mediated by ethnicity, it is also indicated that SES plays a role. Parents raising children in less safe neighbourhoods, regardless of their ethnicity, express less warmth towards their children (Le et al 2008:165-167). Relevant to this study is McLoyd's (1990:311) work where she commented on the patterns that had been described by the participants, where she noted that they were more likely to be associated with poverty than culture. Poverty presents parents with several life challenges that make it difficult for them to be emotionally responsive (McLoyd 1990:311). Another perspective presented by Scannapieco and Connell-Carrick (2002:610) is that when violence and punishment are typical in a community a culture is created that is more accepting of maltreatment. Welbedacht East has a strong reputation of violence and abuse, and levels of poverty are very high. The association between South African neighbourhoods with high unemployment rates and high crime rates and violence are noted as resulting in a normalisation and justification of violence (Lamb & Snodgrass 2013:4; Muller 2013:58).

The link between culture and disciplinary practices was made by both community champions and parents/ primary caregivers.

6.4.2.4 Harsher disciplinary practices

Assertions have been made that disciplinary practices vary according to different cultural groups. The study by Bornstein and Lansford (2010) reported that Puerto Rican mothers used more direct means of commanding, physical positioning, and restraint than European or American parents. Similar observations were made by Speizer, Goodwin, Samandari, Kim and Clyde (2008:247), based on their study of families from Guatemala and El Salvador who were living in America. Participants from the parent/ primary caregiver and community champion samples perceived African parents to use harsher disciplinary practices than other race groups. Their perspectives are presented.

Participants	Quotation
Dina (CC)	<i>"... they are also much louder when talking to their children. They don't talk, they scream at the children. You have got to keep on saying to them, 'Please tone down!' You know because otherwise the children will also start screaming."</i> (As a Coloured person she refers to the African foster parents as "they").
Zanele (CC)	<i>"Yes, there is a difference... The way of discipline... We (Africans) have a different way of disciplining children... And some of them don't discipline them at all... The methods of discipline is, for us Africans, we usually use the stick."</i>

Betty (CC)	<i>"They discipline their children like... not like I discipline mine. Because I am a single parent, I don't like it when my children cry. And so when something is wrong, I take them into the house. I close the door and we talk about it. And I hardly hit my children. Where they will shout and scream and slap the child through the face, outside. In front of everyone." (She was a Coloured woman).</i>
Fikile (CC)	<i>"...it has been happening from generation to generation, I think it can now be considered to be a cultural thing... I would say that because, like my grandmother, would actually hit her children so bad and say that her parents used to do that to her. And that is also how I grew up. My father used to beat us so bad and tell us that that was how he was brought up. And back in the days if a child did something wrong, any adult was allowed to hit the child for doing wrong. And the child was not even supposed to go back home and report that 'that person hit me', because the biological parent would actually hit the child again. You got a hiding to teach you that you did something wrong. So, you would get another hiding from the parents too... Nowadays... It's not as bad as it was before. I think that there is a bit of improvement."</i>
Carol (PPC)	<i>"We are more strict with our children (comparing her culture to others). There are rules that have to be respected!"</i>

Observations shared noted that African parents used harsher tones when talking to their children, favoured corporal punishment as a means of discipline, and punished children in the presence of others. It was reported that the severe beatings characteristic of earlier generations was an intergenerational practice that was abating. The group was divided about what approach to discipline was healthy. Some of the African participants were reproachful towards parents of other races for being too soft on their children. The Coloured and Indian parents were in turn critical about the African approach to discipline.

Corporal punishment followed an intergenerational pattern which had become a parenting practice over the years. As Bornstein (2015:7) states, these are referred to as "cultural scripts" evident in parenting practices. In a more recent study, it was found that parents who had been subjected to corporal punishment at the hands of their parents were more likely to present with parenting problems, because corporal punishment was the only form of discipline they knew (Van Mourik et al 2016:348). As was noted by Fikile (CC), this practice was abating which, as explained by Bornstein (2015:7), usually happens when parents adjust to the universal and contextual demands on parents. Corporal punishment is in the process of being outlawed as a Third Amendment Bill of the Children's Act 38 of 2005 (South Africa 2006) has been drafted and evidence is being collected about prohibiting corporal punishment in South African homes. It has already been outlawed in South African schools since 2006 (Umubyeyi & Harris 2012:458).

The dilemmas of parents/ primary caregivers related to corporal punishment will be discussed in detail in Section 7.3.2.2, which discusses “discipline” as a topic that was strongly recommended for improving parenting practices in Welbedacht East. The use of corporal punishment and other forms of abusive methods of child control is confirmed as a widespread practice in sub-Saharan Africa (Atilola 2014:5). In a large South African study on corporal punishment mentioned by Umubyeyi and Harris (2012:458), 57 per cent of parents with children under 18 acknowledged that they had smacked their child at some time, and 33 per cent applied corporal punishment using a belt or stick, even on children as young as four. Factors associated with corporal punishment that were identified in that study included: conservative cultural attitudes and beliefs, specific ethnic groups who condone it, lesser educated parents, low-income households, the prevalence of parental violence in the home, and too many children in one household (Umubyeyi & Harris 2012:457). Many of these factors related to parents/ primary caregivers in Welbedacht East. Other literary sources acknowledge that contextual and socioeconomic factors play a larger role than cultural factors (Ceballo et al 2008:223; McLoyd 1990; Cauce 2008:227). As argued by Cauce (2008:227), the majority of articles that associated harsher disciplinary practices with culture had paid no attention to SES in their studies. For Ceballo et al (2008:223), contextual stressors such as limited finances and neighbourhood threats made parents adapt their disciplinary responses to force their children to obey at all costs, to protect them from external threats. It should be concluded that corporal punishment and harsh parenting practices should always be contextualised.

Turning next to the community champions’ perceptions of African cultural practices that affected parenting in Welbedacht East, such as extended families and *Ubuntu*, traditional medicine, and *lobola*, the narratives of several community champions are provided to explain their positions.

6.4.2.5 African cultural practices

It was only the community champions who discussed specific cultural practices as having an effect on the way community members parented their children. There were three practices mentioned: the extended family system and *Ubuntu*; the preference of using traditional medicines and treatments above medical ones; and *lobola*. These perceptions were shared by Anna (CC), Thoko (CC), Nahil (CC), Betty (CC) and Sara (CC).

- ***Ubuntu***

The two participants who shared their observations of the African parents’ ongoing sponsorship of their adult children, in terms of monetary support and accommodation,

differed slightly. Anna (CC) observed the significant ties amongst African family members, whilst Thoko's (CC) perspective was that this was beginning to wane.

Anna (CC) was the first to refer to the spirit of *Ubuntu*, a cultural attitude which expected ongoing parental loyalty and support of their children: *"Because of Ubuntu, people are cared for by others. It's not like the Indian community. Indian culture when a person reaches a certain age they get out and leave the home. In African culture, as we see here, you can live with your parents as long as you want. Now this can be bad and it can be good. The grandmothers they have a heavy load. They are left with so much responsibility."*

Anna (CC) used the word "left" which suggests that the grandmothers are abandoned and have to shoulder all the responsibility alone, irrespective of their personal circumstances. African families, as mentioned by Raniga and Mathe (2011:345), offer private safety nets, which provide food, shelter, money and childcare to the family members. As noted amongst the parent/ primary caregiver sample group, seven participants lived in extended family households. Of these, two were solely responsible for their grandchildren or their nieces' and nephews' biological children, as they had been abandoned. The term used to refer to these households is skip-generation households. As concluded by Mathebane (2016:183), the cultural norms of Black African people embrace principles of *Ubuntu* and collectivism that ensure that family members receive support and resources which are pooled for the benefit of all.

A different perspective was shared by Thoko (CC), one inconsistent with literature related to parental role and independence. She noted the changes in the structures and attitudes of African families taking place. She spoke of "others" who have adopted a different attitude: *"And others... they believe that when a child is over 21... he or she is out of my hands. Whatever the child is doing, it's not my fault. It doesn't come back to me. She is a grown woman, she is grown up. So she is out of my hands... Parents don't associate with young children. Also they believe if the child is over 21 it's out of the parent's hands..."*

Her comment about *Ubuntu* waning is discussed by Hölscher et al (2009:19) in their study, where participants suggested that payment of the CSG had eroded the spirit of *Ubuntu*. Literature refers to Western middle-class parents encouraging autonomy and independence in contrast to the African family system (Atilola 2014:6; Mathebane

2016:171), which may have started to replace the parenting values of a traditional African perspective.

A traditional African perspective that was stated as having influenced parenting was *lobola*, as will be explained.

- **Lobola**

The cultural practice mentioned by community champion Nahil (CC) was *lobola*, described as a traditional payment of the bride price (Coovadia et al 2009:817). Traditionally, the bride price will be paid in cattle or money. It is a public recognition of the wife's transfer from her family to the groom's family, giving him marital rights over her, and parental rights over their children (Dlamini 1985; Nkosi 2013; *Oxford Living Dictionaries – isiZulu* [sa], sv "lobola"). Nahil's (CC) perspective was that men could not afford *lobola* in these modern times, and when women fell pregnant the men disappeared and they were left to raise their children alone. This is what Nahil (CC) said: *"...and also it's the system that they follow... the lobola system. It definitely hampers the growth of the child. I think that is basically what it is and also causes so many single parents and you know it's like a norm for them."*

His perspective is academically supported. Coovadia et al (2009:823) mention that deepening economic hardship since the 1950s has made marriage unaffordable for young men and substantially increased the number of women who are left to raise children without a cohabiting partner.

The next category that was raised was the influence that culture had on the medical management of children's illnesses in Welbedacht East.

- **Traditional medicine**

Betty (CC) referred to the influence that culture has on the manner in which parents address situations related to their children: *"There is a big, big difference. It just came to my mind now that there is this lady. She is a church lady. But whenever the child gets sick, instead of saying 'let me phone the ambulance. Let's get the child to the hospital quickly'. No, no, no. 'Let's get the child to the sangoma⁶. If the sangoma doesn't work*

⁶ A sangoma or Izangoma is a diviner who is called to interpret for the ancestors on behalf of the family/individual who makes use of his/her services (Kale 1995:1182; Thwala, Pillay & Sargent 2000:1-5). In this instance, the CC is referring to a traditional healer, an inyanga, who is a herbalist or a traditional doctor that uses massage, steam baths, enemas, and poultices (Thwala et al 2000:1-5).

then we go to the hospital'. Why go to the sangoma first, where you have to pay instead of going to the hospital? The ambulance is for free and the hospital is for free!" Betty (CC) failed to understand the logic. She did not agree with the parents' manner of addressing their children's illnesses.

The tendency to delay seeking medical care for childhood illnesses is often related to cultural and religious beliefs (Atilola 2014:6). As suggested by Berger (2006:178), traditional or folk medicine is prevalent in Africa, with traditional healers being 100 to 200 times greater in numbers than orthodox scientific medical practitioners. This is confirmed by Plaks and Butler (2012:145). Reasons for their popularity are linked to psychological, cultural, and economic indicators (Plaks & Butler 2012:145).

The link between parental investment in education and culture was raised.

6.4.2.6 Attitudes about education

The participants who mentioned parental attitudes about education as being influenced by culture seemed to suggest that it no longer played as big a role as it did in the past. For example, Thoko (CC) said: *"Somehow, somewhere, it can affect parenting. As I explained to you, parents will say 'what's the use to educate a girl-child?'"*

Her choice of the word "can" indicates that holding a girl child back from education was not always the attitude that was held. Whilst Sara (CC) started off talking about Indian parents as being competitive and pushing their children, she too acknowledged that there appeared to be some change in African values in this regard: *"...I am not saying that Blacks are not umm how shall I put it... not competitive in that sense. But to some level, because when they are working, they send their kids to go and live with their gran and parents, and things like. But I tend to think that in some ways they are proud of their kids and their achievements. And I don't know, but... it seems now more and more in the African/ Black community the parents are actually pushing their children to go and achieve more. To stay in school. And I have noticed even when some teenage girls fall pregnant they are sent back to complete their schooling. Whereas in the old community you fall pregnant and you stay at home."*

The intense work ethic that Asian families emphasise is noted as being overly demanding of their children's academic achievement (Lui & Rollock 2013:450) and explains Sara's (CC) notion of Indian parents being preoccupied with the education of their children. However, this was not really the case in Welbedacht East. As argued by Holloway and Pimlott-Wilson (2014:101), class rather than race is the determiner of parental support for education, as

where parents live determines the schools that their children will attend, and strongly influences their attitudes towards a child's education.

6.4.3 Sub-theme 3: The positive outcomes of race and culture

The findings presented in this sub-theme are only related to the perceptions of some of the African parent/ primary caregiver participants who felt strongly about their cultural heritage. There were distinct themes that emerged from their discussions and these are tabulated below. The positions stated were that culture created meaning for parents and children and promoted their sense of cultural pride; their use of their mother tongue linked them to this heritage; and made them proud of who they are.

SUB-THEME 3	THE POSITIVE OUTCOMES OF RACE AND CULTURE
<ul style="list-style-type: none"> • Cultural heritage • Cultural pride • Mother tongue • Resilience 	

There were several mentions made by participants that parents needed to uphold the continuity of their cultural heritage. These expressions were from the parents/ primary caregivers who considered themselves to be Black Africans.

Participants	Quotation
Dudu (PPC)	<i>"Well it makes me want to teach him to be proud of himself and how he mustn't try to change who he is. He must know his roots. He must know that he is a Zulu person. He must make sure that carries on until that pride reaches his grandchildren... In Zulu people, it is important to know where you come from. Never forget where you come from. That is why I want my son to know... even if it happens that he gets educated and has all the money in the world."</i>
Vuyi (PPC)	<p><i>"There is something that I always have here (points to her heart). I am Xhosa. I am very strong. Xhosas are very strong. They can do their own thing. So it has given me power... It made me not give up."</i></p> <p>And</p> <p><i>"I have been able to raise my children on my own, without thinking that the father of my children has to be in our lives. I don't ever want to be pitied, and I will never let my children feel sorry for themselves. Because we have what we need. That is what I have learned from being Xhosa... is to have this pride."</i></p>

Embracing their cultural heritage uplifted parents/ primary caregivers during their hardships. They expressed a deep cultural pride that enforced a sense of innate strength when things around them appeared to be difficult. Culture was regarded as worthwhile and something that needed to be protected.

It was suggested that love of the mother tongue was something that parenting should instil in children. This was Xoli's (PPC) view: *"My son must be true to himself. He must know that he is iMpondo (a person belonging to the Pondo ethnic group) in whatever he does. He must know himself and never forsake his mother tongue. When he goes back home (referring to the rural area that they originated from), he must just speak as we speak. He must not change what he is... I want him to know that even though he stays in KwaZulu-Natal, he must know where he comes from. He is a Black person. I am a Black person and because I did not lose it, he can't lose it!"* According to Xoli, embracing the mother tongue was a means of her child connecting with his inner personhood, connecting him to both his race and culture.

In trying to excavate the effects of culture and ethnicity on parenting, it was noted that levels of ethnic pride and parental warmth were connected (Ceballo et al 2008:221). Family and culture were found to be valuable sources of support in a South African study which explained that they promoted resilience and coping for those subjected to adverse childhood experiences (Dykes 2016:25). As mentioned by Dykes (2016:25), when families talk to children about their heritage and language, they promote their self-efficacy which is important to the characteristic of resilience.

6.5 CHAPTER SUMMARY

The purpose of this chapter was to develop a contextual understanding of the factors that affected the parenting practices of parents/ primary caregivers in Welbedacht East. The intention was to explore and describe the contextual realities of parenting in this specific location, as consistent with an exploratory, descriptive, contextual and case-study research design chosen for the study (see Section 4.4.).

There were two main purposes:

- To consider the prevalent factors in Welbedacht East that facilitated or prevented the parents/ primary caregivers of Welbedacht East from being the 'good enough' parents that they wanted to be.
- To find out whether culture had any influence on parenting practices in that community.

To achieve the first purpose, the findings were arranged into two themes. Theme 1 addressed the factors that compromised parenting within the Welbedacht East community. Theme 2 presented the protective factors that supported Welbedacht East parents/ primary caregivers to fulfil their parenting obligations towards their children. The second purpose, to establish

whether cultural practices guided parental practices in any way, was presented as the third theme of the chapter. There were two divergent perspectives mentioned and cultural pride was positioned as a potential protective factor for parents.

As noted at the outset of Chapter Five, the findings of the study are presented in three parts in this thesis. Part 1 of the findings, “the parents’/ primary caregivers’ perceptions and practices of ‘good enough’ parenting”, was presented in Chapter Five. The three themes discussed in this chapter concludes Part 2: “The factors that impact on parenting practices in Welbedacht East”.

The findings of both Part 1 and Part 2 of the findings are relevant to achieving the second objective of this research: “What should a locally specific parenting support intervention for Welbedacht East community entail?” The information gathered from these two chapters prepares the reader for Part 3 of the findings, which will be presented in the next chapter, Chapter Seven.

The last part of the findings, Part 3, is presented in Chapter Seven. It commences with the participants’ perspectives of the resources that were required to enhance parenting practices in the community. This is followed by a discussion of the parenting topics that participants considered contextually and culturally relevant for the enhancement of parenting practices in Welbedacht East. The chapter concludes with a report of the process and outcomes of the consultation workshop that was convened with service providers, community champions and parents/ primary caregivers, to determine the aims and task goals for the locally specific parenting support intervention.

CHAPTER SEVEN:

PART 3 OF THE FINDINGS – RECOMMENDATIONS FOR THE IMPROVEMENT OF PARENTING PRACTICES IN WELBEDACHT EAST AND THE DEVELOPMENT OF THE AIMS AND TASK GOALS OF THE PARENTING SUPPORT INTERVENTION

7.1 INTRODUCTION

This is the third of the three chapters of the findings as related to the study. The first chapter on findings, Chapter Five, focused on the parents'/ primary caregivers' perceptions and practices of 'good enough' parenting. Parents'/ primary caregivers' rated the quality of parenting practices in Welbedacht East using their understanding of 'good enough' parenting. The 'good enough' indicators as identified were intended to be used as the benchmark against which the outcome of the locally specific parenting intervention would be compared. The second chapter on the findings, Chapter Six, offered the participants' detailed understanding of the contextual realities that influenced parenting practices in their community. It identified the factors that prevented or promoted the Welbedacht East parents'/ primary caregivers' efforts to be the 'good enough' parents that they wanted to be.

Chapter Seven is different from the two previous chapters, as it details the findings that shaped the broad outline for the parenting support intervention. It helps to answer the second overarching research question: "What should a locally specific parenting support intervention entail?"

Chapter Seven has two purposes:

- To share the parents'/ primary caregivers' and community champions' visualisations of the resources, services, knowledge and skills needed to empower parents/ primary caregivers to become 'good enough' parents. These were needed to ensure that the design that was to be developed would be contextually and culturally relevant. This completed Step 4 of Phase 1 of the IDD (analysing identified concerns).
- To share how the needs of the parents/ primary caregivers of Welbedacht East informed the structure or outline of the locally specific parenting support intervention. This section of the chapter explains the process that was followed to arrive at the goals and objectives set for the planned parenting intervention. This completed Step 5 of Phase 1 of the IDD (setting goals and objectives for the intended intervention).

The motivation for exploring needs and resources was that even though there is a body of evidence that confirms that parenting programmes produce positive outcomes, literature notes that such programmes are not universally successful (Forehand & Kotchick 2002:377; Hall et al 2016:993). Specific challenges are experienced when transferring parenting programmes to culturally and contextually diverse communities, since many efforts to do so fail to acknowledge the contextual factors that impact on the parent-child relationship (Daly et al 2015:9; Mejia, Leijten, Lachman & Parra-Cardona 2017:630). A crucial step in developing culturally relevant interventions is to closely examine risk and resilience contexts (Hall et al 2016:993). The analysis of the interviews conducted with the parents/ primary caregivers and community champions as presented in Chapter Six reflect these. Many of the risks were structural, supporting Mejia et al's (2016:) position that parenting resources and services for low-income communities remain undeveloped.

Parents/ primary caregivers were challenged both by internal and external stressors, many of which were consistent with those mentioned by Teixeira de Melo and Alarcão (2011:400). The findings of the study as presented in the two preceding chapters identified that parents/ primary caregivers could not manage financially on their meagre and inconsistent incomes to meet the basic needs of their families. They were unable to seek employment due to being unskilled. Their poor environmental living conditions were difficult to negotiate, and it was especially difficult to keep the children safe in an unsafe neighbourhood. The incidence of alcohol, substance, and sexual abuse, as well as violence and crime in the neighbourhood was high. Many parents reported elevated levels of stress and low levels of self-efficacy, which compromised the parent-child relationship and impacted on their social relationships. Communication with their children was poor, affectional ties were low with limited time being spent on stimulating their children's development, and they lacked a supportive network in times of need. These insights indicated that whilst the parents'/ primary caregivers' perceptions of 'good enough' parenting were mostly consistent with scholarly ones, their lived realities challenged them to satisfy the indicators of 'good enough' parenting they considered important.

The findings are presented in a sequence. The chapter addresses the following:

- The resources participants recommended for improving parenting practices.
- Participants' recommendations of topics for a parenting support intervention.
- An explanation of the elements for change, as identified in the findings from the participants recommendations of resources and topics.

- The description of the consultation workshop process where participants verified these findings and determined the aims and task objectives for the locally specific parenting support intervention based on the findings (see Section 4.5.3.11).
- The outcomes of the consultation workshop, the aims and task objectives of the contextually and culturally relevant parenting support intervention for Welbedacht East are stated.

Part 3.1 of the findings discusses the resources that participants recommended to enhance parenting practices in Welbedacht East.

7.2 PART 3.1 OF THE FINDINGS: THE RESOURCES RECOMMENDED FOR ENHANCING PARENTING PRACTICES IN WELBEDACHT EAST

Families require access to material and physical resources within their neighbourhoods, to meet their needs and promote the healthy functioning of the members (Eamon 2001:260). The broad categories and motivations for these are presented in Section 2.4. According to Sidebotham (2001:105), this should include housing and other amenities that social inclusion theory refers to as markets and services (World Bank 2013:91). Libraries, parks, and other opportunities for collective experiences, such as participation in socio-cultural institutions like health clubs and churches, are important because they facilitate the safety, integration, and support of families (Krishnan 2010:11-12). These enable parents to satisfy the basic survival, safety and security needs of children and their need to belong, as well as to promote their own self-esteem and self-actualisation as well as that of the children (Caruana & McDonald 2011:5). They create “spaces” for parents to enlist support to parent their children positively, and in the eventuality of their experiencing severe challenges in their lives, offer them access to crisis services. These resources are characteristically situated in the exo- and meso-systems according to bioecological theory and were discussed in Section 2.6.2 and Section 2.6.3, as well as in Section 2.5.3 that highlighted the link between the bioecological and social inclusion theories.

The ability of families who are at risk to access resources and services is vital, since they regulate parental capacity to avoid, minimise or resolve the critical stressors that interfere with their parenting practices. When person-centred interventions that include parenting support, policies and services are available, and parents are assured of their right to dignity, basic income, employment, housing, education, health, transport, and childcare, even those of lower SES are reported to fare better (Richter & Naicker 2013:31). Moreover, lower levels of child

maltreatment are recorded in communities that offer families more resources (Scanappieco & Connell-Carrick 2002:609).

Seven sub-themes were mentioned by all participants as resources they believed would enable Welbedacht East parents to be 'good enough' parents: social work services and programmes; employment and training; educational facilities for children, recreational facilities; healthcare facilities; housing; transportation. The eighth sub-theme was mentioned by the parent/ primary caregiver group only: policing. These recommendations were mostly consistent with relevant resources identified in literature (Richter & Naicker 2013:31; Swick 2008:151-153).

A table of the consolidated recommendations made by each group of participants according to the eight sub-themes is presented to provide an overview of the discussion.

Table 7.1: Part 3.1 of findings – Resources recommended for enhancing parenting practices in Welbedacht East

FINDINGS PART	PART 3.1
MAIN THEME	RESOURCES RECOMMENDED FOR ENHANCING PARENTING PRACTICES IN WELBEDACHT EAST
SUB-THEME 1: SOCIAL WORK SERVICES AND PROGRAMMES	CATEGORIES: <ul style="list-style-type: none"> – Social work/ remedial interventions – Parenting education – Parent support groups
SUB-THEME 2: EMPLOYMENT AND TRAINING OPPORTUNITIES	CATEGORIES: <ul style="list-style-type: none"> – Employment opportunities – Skills development – Income generation
SUB-THEME 3: EDUCATIONAL FACILITIES FOR CHILDREN	CATEGORIES: <ul style="list-style-type: none"> – Early Childhood Development/ Crèches – Aftercare facilities – More local schools/ quality education
SUB-THEME 4: RECREATIONAL FACILITIES	CATEGORIES: <ul style="list-style-type: none"> – A library – A community hall (CCs only) – An outdoor playground – Sports facilities
SUB-THEME 5: HEALTHCARE FACILITIES	CATEGORIES <ul style="list-style-type: none"> – Extended services – Primary health education – Ambulance service
SUB-THEME 6: HOUSING	CATEGORIES <ul style="list-style-type: none"> – More housing – Improved housing designs

SUB-THEME 7: TRANSPORTATION	CATEGORIES – School transport for learners
SUB-THEME 8: POLICING	CATEGORIES – Crime management and traffic control (PPCs only)

Each of the sub-themes is presented in the sequence in which they have been tabulated. The discussion of resources commences with the social work services and programmes participants recommended.

7.2.1 Sub-theme 1: Social work services and programmes

SUB-THEME 1: SOCIAL WORK SERVICES AND PROGRAMMES	CATEGORIES Social work/ remedial interventions Parenting education Parent support groups
-------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

Contextually, within the present economic climate and increased unemployment and the likelihood of greater social and economic inequalities, the pressure and demands upon social work increases considerably (Teater 2014:23). Both locally and internationally, the continuum of care for families is promoted. The NPAC (South Africa 2012) and the White Paper on Families in South Africa (2013:38) propose parenting programmes, early intervention, statutory intervention, and reunification and aftercare. Similarly, the Triple P Positive Parenting Program advocates a tiered, multilevel strategy to address the different levels of family risk, offering differing levels of professional intensity for each tier (Sanders, Cann & Markie-Dadds 2003:156). Families who experience socioeconomic adversity, disrupted family relationships, or mental illness have poorer treatment outcomes from attending parent training programmes alone, and benefit more from intensive services (McGilloway, Mhaille, Bywater, Furlong, Lecky, Kelly, Comiskey & Donnelly 2012:116).

Amongst the recommendations made for social workers in child welfare settings who render prevention and early intervention to preserve and strengthen families are interventions that develop the skills of parents and empower them to make use of external resources (Strydom 2012:450). Social work services were also identified as a needed resource by the Welbedacht East community. The participants detailed the level of intensity and nature of interaction they desired from such services. Both sample groups recommended three levels of social work services for Welbedacht East parents: counselling, parent education, and support groups. Their narratives illustrate their perspectives.

7.2.1.1 Social work/ remedial interventions

Stressors affecting a parent have the potential to negatively affect the parent-child relationship. This can be avoided when parents are assisted to secure resources, supported to strengthen their personal identities, and receive interventions to resolve specific problems and heal themselves (Strydom 2012:450; Swick 2008:151). The White Paper on Families in South Africa (2013:38) motivates for the provision of services for at-risk families to ensure that they are supported and remain together, to avoid entry into statutory services, the latter which is supported by Ferguson (2010:1100). Services and crisis services are motivated for in Section 2.4.1.2 and 2.4.1.3 They help to support parental capacity relevant to developing a meaningful parent-child proximal process as outlined in Section 2.6.1.1b.

As noted by community champion Karima (CC), the Welbedacht East parents/ primary caregivers carried psychological burdens that were difficult for them to disclose to others. Counselling would enable them to source support, encourage them to set goals to improve their lives, and provide the distinct guidance on managing serious issues such as child abuse and rape. She emphasised that such assistance should be locally based. This is what Karima (CC) shared: *"They need like a welfare thing, whereby, if there is any problems... 'cause you don't find that it's everyone that can open up to the next person when they got problems... Maybe they can open up to a social worker so that they can tell what's worrying them, within themselves. Maybe how they can better their lives. Maybe the social worker can give them a brief on how to change or what should be done... in the community here."*

The secrecy surrounding child abuse in the community led Karima (CC) to mention the following: *"You know when a child has been raped... and now the child is psychologically damaged... we have a problem. They don't want to speak to their neighbour, because they are afraid that they will tell others... Maybe the parent has been raped and no one knows. She doesn't want to share with anyone."*

Such specialised services as mentioned by Karima (CC) suggest that crisis counselling was necessary. Several authors note that families living in LSEEs prefer to make use of crisis related services over preventive or support services, because time and resources restrict them from making use of the latter (McArthur et al 2010; Tregeagle & Voigt 2013:38). Trauma services offer an added advantage for service providers working in LSEEs, because they enable service providers to target those children and families who are of greatest concern, especially those who are normally reluctant to approach welfare services (Tregeagle & Voigt 2013:37), such as the parents/ primary caregivers in Welbedacht East who feared that

engagement would lead to the removal of their children into statutory care. It was evident that this service would be invaluable.

The acknowledgment of intergenerational recurring patterns of poor parenting was raised by two of the parents/ primary caregivers. Ethel (PPC) recognised that: *“Parents do unto their children as was done unto them by their parents. They don’t realise it. That child grows up the same. So why do that? They need to go for counselling and break through that.”*

Her perspective was shared by Olga (PPC), who offered the following: *“One always sees the way one was brought up as the right way, unaware that this has a negative impact on the child... Sometimes one is not aware that they are doing something wrong, because of the way they were brought up.”*

Both suggested that such intergenerational sustained patterns could be adequately addressed within a counselling environment. As suggested by Ife (2012:26), it is within this space that breaking a cycle that spans generations can be discussed. However, the limited social work counselling services available to parents/ primary caregivers living in Welbedacht East was mentioned by parents/ primary caregivers Josie (PPC) and Rekha (PPC). As noted by Josie (PPC): *“They come (referring to social workers), but they are just not really interested.”*

Rekha’s (PPC) perspective was that the social workers are inaccessible to some parents/ primary caregivers: *“There are social workers. They can get involved more. They come to the Ashram clinic. But not all the parents that have problems go to that clinic. We need more social workers in this area.”*

In her discussion of the need to bring different services to Welbedacht East, Anna (CC) mentioned both welfare and counselling: *“It is also important to bring services – health, welfare, Home Affairs, counselling – to Welbedacht.”*

The necessity of counselling for families living in LSEEs is reiterated in literature. It increases parental access to material assistance and aid, connects them to other available services, and equips them with information and emotional support, all of which serve to protect parents from the deleterious consequences of poverty (Winkworth, McArthur, Layton, Thomson & Wilson 2010:432). The strategic priorities for the preservation of families as discussed in the White Paper on Families in South Africa (2013:43) makes three specific references to the need for counselling services for families. These are: making therapeutic services easily accessible and affordable; offering victims of abuse and those exposed to violence psychosocial support

and court preparation for subsequent forensic processes; and building the capacity of parents and families to empower them to manage challenging children and youth. These services were not evident in Welbedacht East, which is already known for its structural disadvantages (Ife 2012:224). It is within such an environment that pervasive structural oppression continues to exist (Mullaly 1997). These are extended to welfare organisations who experience financial constraints and high caseloads which limit their ability to offer services of this nature (Strydom 2012:449; Strydom 2013:514). As mentioned previously, the social work organisations that service Welbedacht East are Chatsworth Child and Family Welfare Society and the Department of Social Development. Each organisation had designated two social workers to serve Welbedacht East. The social workers each complained that their caseloads were very high.

Yet another essential service identified was parenting education.

7.2.1.2 Parenting education

Parenting education is both necessary for an early intervention and is a popular prevention strategy (Daly et al 2015:18; Winkworth, McArthur, Layton & Thompson 2010:206). Professionally trained parenting practitioners teach a generic set of parenting skills to parents (Lucas 2011:183) and is a popular intervention throughout the world (Daly et al 2015:18). There is scholarly debate whether evidence-based parenting programmes should be promoted, adhering to programme fidelity, or whether they should be adapted to work with different cultures (Mejia et al 2017:630-631). Others speak of their potential bias, which renders them less effective for socioeconomically disadvantaged users (Begle et al 2012:57). These issues will be elaborated upon when discussing Step 1 of Phase 2, consulting existing information sources in Section 8.2.1. The perspectives of parents/ primary caregivers and community champions regarding parent education programmes supported the value of developing such a resource for the community.

Although parenting education programmes were recommended, the associated motivation for the need remained vague or at best generic. This may be attributed to the lack of exposure to parenting programmes in Welbedacht East. Rekha (PPC) simply stated: *“They need to run workshops around this area, on top here, for the parents in this area.”* And Olga (PPC), whilst discussing the generational cycles of poor parenting practices, mentioned the following: *“If we could have such a programme that could teach the parents a better way, a programme to teach them about such things, maybe it would make a difference in their lives.”*

Community champions Zanele (CC), Anna (CC) and Dina (CC) suggested education programmes, and similarly, omitted to define the nature of such programmes. For example, Zanele (CC) remarked: *“...educational programmes... about parenting skills.”* And Anna (CC) said: *“They need awareness campaigns where they will be educated about parenting and how to take care of their children.”*

Dina’s (CC) perspective was mostly general, but made some mention of the need to address discipline: *“It needs to be about parenting, about disciplining... about those kinds of things.”*

Fikile (CC), a social worker who was involved in rendering such programmes, suggested programmes to teach parents how to parent positively: *“The parents need to be actually educated about the importance of taking good care of the children, as the children will actually be parents themselves one day. I think it is very, very important for parents to be educated about treating the children with respect, and also to be taught about good parenting ways. Because most of them think that whatever parenting ways they use is good. But it is actually very, very harmful to the child. And when I say harmful, I mean the emotional part of it mostly. Because children tend to sort of like remember the negative things said to them rather than the positive. So they should be taught to say more positive things to the children than the negative ones.”*

Another concomitant component of parenting education was child abuse, as expanded on by community champion Karima (CC): *“Maybe they need to be educated about child abuse... They need to be educated about physical abuse... they also need to be educated about the welfare of their child...”*

The above narrative is supported by Knerr et al (2013:352), who advance that teaching parents positive parenting skills and non-physical forms of discipline is positively associated with reducing the risk and incidence of child physical maltreatment in low-income environments. However, authors Nelson et al 2001:1 stated that there was no evidence that parenting programmes prevented child sexual abuse specifically.

Participants recommended that in addition to parenting education for parents, two specific groups of parents needed to be targeted, namely young boys, as suggested by Grace (CC), and teenage mothers, as suggested by Rekha (PPC). Grace (CC) proposed that groups for young boys were needed to counteract the harmful effects of the media: *“We need... programmes to prepare boys for manhood... because, why I say we need that... you see boys they are learning from internet and they are experiencing these things from the wrong way.”*

They should not be learning those things there. You know. Because some of the stuff I have learned that boys can be taught stuff and then they don't need to experience you know. But if the boys are not taught something, then they want to experience it."

Her suggestion relates well to one of the strategic objectives of the White Paper on Families in South Africa (2013:40) that motivates the need for formal and informal information services to construct and maintain social norms and positive attitudes, especially about the roles that men should play in society and particularly in the lives of their children. Partab (2011:96) too offers that supporting boys to challenge hegemonic masculinity in a South African context is necessary and it has long-term implications for their adult lives.

For Rekha (PCC), teaching teenage mothers how to cope was important. She used a metaphor to describe why teenage mothers needed workshops: *"...if you have a workshop for teenage mothers you would be able to explain to them what needs to be done. It's like when you have a child, you have to put your child first. Looking at the sewing machine you have to go for practices, for you to know how to use that sewing machine. So for now, that is what these young mothers need. They need classes."*

The perspectives of the two groups of participants regarding teenage pregnancy were highlighted in the two preceding chapters, in Section 5.4.3.5 and Section 6.2.2.1, which endorsed the need for the teenage mothers to receive appropriate assistance. According to Van Zyl et al (2015:153), these should include programmes, healthcare and education. The authors reported that the adolescent mothers needed both emotional and informational support (Van Zyl et al 2015:166).

The associated ideas of Dina (CC) related to minimising the typical barriers experienced by those attending parenting programmes: *"I think that if you do have parenting programmes in the community they must be run at times that are suitable for the parents who are at home, and perhaps, run parenting programmes on a weekend when parents who work can attend. Then perhaps they could learn and share their parenting with each other. We can't impose our parenting values on them, but it would be good if there were workshops run, where they could learn and share from each other."*

The high dropout rate in parenting programmes is well-documented (Magee 2017:12; Sampaio, Sarkadi, Salari, Zethraeus & Feldman 2015:1040; Wessels & Ward 2015:18). Even recruitment rates are reported to be low (Dumka, Garza, Roosa & Stoerzinger 1997:26). It is argued by some that parenting programmes, particularly evidence-based ones, do not fit in

with local policies and practices or local conditions related to the support services required to augment the programme (Axford & Morpeth 2013:268). Dina's (CC) proposal of considering the end users' values is helpful for ensuring that programmes are relevant to and suit the local families and their circumstances (Magee 2017:13; Wessels & Ward 2015:19). As noted by Hall et al (2016:919), few bottom-up adaptations of psychological interventions have been initiated and this trend is observed in the development of parenting programmes as well.

The participants considered parenting programmes as a potential resource for their community, however, collaboration with the potential recipients was considered important to ensure that such programmes would attract and retain them. Such genuine partnerships by Teater (2014:23) are recognised as central to social work practice, because it allows people to take back control of their lives. This is consistent with the principles of inclusion that were central to the study.

The difference between parenting programmes and parent support groups was established.

7.2.1.3 Parent support groups

In South Africa, the support group has been asserted by Partab (2010:498) as an appropriate resource and intervention methodology, where mutual aid is emphasised while enhancing social functioning. Specifically, parent support groups are defined as community-based programmes designed to increase the flow of resources and networks of support to parents, to strengthen their parenting practices and enhance the well-being of young children (Trivette & Dunst 2014:1). They are an invaluable methodology for promoting parental inclusion in the community (Nelson et al 2001:7).

They differ from parent education programmes in that their membership tends to be more open than closed, sessions are not time-limited, and the members drive the focus of sessions based on their self-determined needs (Moran et al 2004:82-82; Nelson et al 2001:7). Less professional involvement is required to direct the group, and professional involvement may vary between no involvement at all and some professional participation (Nelson et al 2001:7).

One of the parents, Vuyi (PPC), expressed her interest in belonging to a parent support group: *"I would like some kinda support group where one gets information or mothering awareness. Where I can go to get information and advice from others."*

Two community champions recognised the potential value of parental support groups for Welbedacht East. One being Anna (CC), a social worker, and the other Sara (CC), a community volunteer.

Sara (CC) referred to support groups as a priority: *“I think what we should do is get parental support groups... Well that is number one.”* She went on to motivate their relevance, drawing on her personal experience of attending a foster parents’ meeting: *“I remember that they had just once, the foster parents getting together and having a meeting. And when I saw that I went to that one meeting and I came back and I thought that it would be so good if they could have that all the time with foster parents and even with parents as well... Where they can come together. Because when I support parents, I help them to remember that a child has needs. That they must look at that the child and know that they mustn’t do that and that and that. But when we are together we also understand where the mother is coming from. What frustrates that mother? They don’t see those things... it doesn’t matter whether it’s an adopted child or a foster child or if you gave birth to that child... you are a parent. And I think we should have something in place to deal with where their frustration is. We should make space to understand the frustrations of parents and help them work through them. They need support.”*

Anna (CC) clearly asserted: *“They need support group!”*

Parent support programmes as described by Sara (CC) and Anna (CC) would serve a purpose. For Rekha, they would offer parents an opportunity to exchange advice with other parents who had common needs. Parents respond positively to talking and learning from other parents, as confirmed in the literature (Deans et al 2016:17). Authors Deans et al (2016:17) assert that parenting knowledge and skills are best acquired from a combination of informal and formal support network members who meet regularly to participate in “shared conversations”. Work with high-risk families indicates that many do not have stable family networks to sustain them and benefit from relationships with friends and neighbours being activated (Sousa 2005:174).

It was acknowledged that developing support groups is not without challenges, as pointed out by Anna (CC): *“They need support groups. The only problem is when you start one, people drop out and you end up only having two members in your group. They don’t feel the need to attend. Perhaps it has something to do with money. They are always short of money. We need to formulate more parenting groups. Parenting programmes need to be rolled out to them in a way that interests them.”*

As noted in the literature, poor attendance of parenting programmes is not uncommon and ways of improving attendance have been researched (Whittaker & Cowley 2012:138). Effective methods include: staying with the group's identified needs; making sure that parenting principles remain contextually and culturally relevant to the group; linking the programme to other forms of support that respond to the group's perceptual needs and barriers (e.g. assistance with transport); and consistently acknowledging and exploring external issues that affect the lives of the members throughout the programme (issues that are situated outside the parents' locus of control) (Whittaker & Cowley 2012:145). It is cautioned that the dropout rate is further affected by parental dissatisfaction with the ethos of the programme and parental concerns around the invasion of their privacy (McGilloway et al 2012:120). Anna (CC) had mentioned lack of interest and money as being barriers to committing to programmes.

Whilst the discussion commenced with the proposal of parent support groups, Sara (CC) went on to suggest that young teenage girls needed their own support groups. This would help them to prepare for what would be expected of them and alert them to options that were available to them: *"...dealing with our young girls who are going and falling pregnant. Also helping... those teenage mums. And getting them into classes closer to the time when the baby is coming. Telling them what is expected of them... When I look at some of the girls who have got children over there... it's like they haven't heard things like 'it's ok if I give my child up for adoption'."*

Parent support groups for single mothers experiencing multiple difficulties, including financial and mood problems, is supported by Lipman, Kenny, Jack, Cameron, Secord and Byrne (2010:24). It improves their self-esteem; increases levels of support from others; enhances parenting skills, especially parent-child communication; reduces the effects of stress on the parent's mental and physical health; increases their social inclusion; boosts information and advice on how to access services available in local areas; and promotes "kinship" with other parents in the same situation (Lipman et al 2010:24; Moran et al 2004:82; Nelson et al 2001:7). They are particularly valuable for teenage mothers in LSEEs who are seldom afforded opportunities to share anything about their lives, and can come together and exchange their perspectives of their experiences with their children (Botha-Verhage & Jacobs 2017:215; Van Zyl et al 2015:166), as consistent with the paradigm that underpinned this study.

Recommendations for a parent support group were consistent with the two theoretical paradigms on which the research rested. The support groups would facilitate social inclusion and extend levels of support beyond the micro-level to the meso-levels, to relieve some of the

internal and external stressors that affected parenting. The advantage of a parent support group lies in its potential to foster empowerment and sustainability. As suggested by Sousa (2005:176), the role of the practitioner working with families living in LSEEs is to equip them with competencies within a group so that they can progress on their own. Regrettably, a high proportion of family preservation practitioners acknowledge they seldom or never offered weekly support groups for their clients (Strydom 2012:447).

Clearly, participants in this study recognised the need for tiered social interventions, counselling, parent education and support groups, with parents/ primary caregivers extolling the benefits of counselling and parent education programmes and community champions emphasising the value of support groups. As advocated by Strydom (2012:442-450), high-risk families require a basket of services from social workers: concrete services; life skills training; extension of parental support resources; and therapeutic services. Both participant groups, identified the need for life skills training (which will be further expanded upon in a later part of this discussion), as well as support and therapeutic services. Vulnerable families require social workers to take on a variety of interventions specifically related to poverty issues (Strydom & Tlhojane 2008:46). Some interventions may be practical, as suggested by Strydom (2012:442), and include tasks such as organising housekeeping support, transport and childcare, providing material assistance, making referrals to other community-based resources, assisting with applications for birth certificates, and arranging school uniforms from social workers. Despite the challenges that parents/ primary caregivers had mentioned in Section 6.2.1, the social workers did not adapt their services to help them overcome the stressors imposed by their external environment. For them receiving psychosocial support was important but were aware of the potential threats of trying to recruit and retain participants for the parenting support intervention.

The next recommendation, namely interventions to address unemployment, is a pervasive challenge in South Africa. The associated recommendations are situated within this reality.

7.2.2 Sub-theme 2: Employment and training opportunities

SUB-THEME 2: EMPLOYMENT AND TRAINING OPPORTUNITIES	CATEGORIES Employment opportunities Skills development Income generation
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Lack of employment was a constant socio-structural reality that compromised the economic circumstances of many parents/ primary caregivers in Welbedacht East. Being able to generate some form of income, as proposed by Sidebotham (2001:105), is an exo-system

indicator directly linked to the well-being of families. Employment benefits parents because it enables them to provide for their families, assists them to safeguard the health and development of the family members, and uplifts their self-esteem (Millar 2011). The parents/ primary caregivers of Welbedacht East experienced multiple intersecting barriers which excluded them from securing employment and were consistent with McDonald's (2010) ideas. These included: competency deficits of parents such as lack of skills, poor education or insufficient work experience; learning difficulties and externally situated challenges such as lack of childcare for children and transport difficulties; the scarcity of jobs; and personal circumstances such as extended family/care responsibilities, physical and/or mental health issues, and housing instability. The deficits parents/ primary caregivers experienced in these areas were discussed in the previous chapter and motivate the importance of employment and income generation as an effective means to assist parents to support themselves (Bar-On 2003:30).

Creation of employment opportunities, skills development, and subsistence living and income generation were sub-themes that materialised from the narratives of the two participant groups. The responses pertaining to each group are included below.

7.2.2.1 *Employment opportunities*

Parents/ primary caregivers Carol (PPC) and Rekha (PPC) proposed that job creation would have a substantial impact in their community, because the money received from the CSG could not sustain families. Carol (PPC) communicated that: *"I think they need jobs."*

Rekha (PPC) explained why: *"...if there were jobs around here... Most of the time parents are only getting a certain amount for their children in grants... It's not enough to raise their children, and so they get frustrated! So jobs are needed for parents."*

Several community champions concurred, pointing out that lack of employment opportunities affected the ability of parents to take care of the basic needs of their children. Community champions supported the above and Zanele (CC), Karima (CC) and Anna (CC) suggested that the creation of employment opportunities needed to be prioritised. To illustrate, Zanele (CC) emphasised that this resource needed to be the most salient starting point for assisting parents: *"They need employment. Firstly, employment!"*

Anna (CC) agreed: *"They need to be given work opportunities."* Both community champions reiterated the poignancy of the situation which continued to marginalise the most economically vulnerable (Ife 2012). Employment opportunities constitute a huge component to all other

interactional factors which impact on 'good enough' parenting practices; it is recognised as a positive means of making a significant difference in this regard (Tanga & Gutura 2013:137).

As noted by Karima (CC), the nuances of intersectionality (May 2015:ix) and the consequences of unemployment and crime extended beyond the family: *"I would also like, if they could get jobs for people. Employment... so that people can be employed, whatever race, so that maybe, that will do away with crime."*

Unemployment in Welbedacht East was measured at 28 per cent, higher than the national average of 27 per cent (eThekweni Municipality 2013:22). Sewpaul and Pillay (2011:293) note that for women the situation is worse, because they face more economic discrimination than men. Black, female-headed households are affected by poverty the most (Hölscher et al 2009:11). Their oppression is linked to the intersectionality of race, class and gender (Sithole & Shai 2016:117). It is suggested by Tanga and Gutura (2013:137) that whilst the increase of employment opportunities relies heavily on macroeconomic policy shifts, social workers can play a role in supporting women in this regard. This supports Strydom and Tlhojane's (2008:45) agenda that social workers should help poverty-stricken families in practical ways. Many women in South Africa have little financial independence and, as Ndinda (2009:320) asserts, they neither have resources, agency, nor opportunities for improving their lives. Whilst others suggest that women can be helped to improve their qualifications, gain work experience, be linked to women's organisations, and introduced to other stakeholders who can assist them in this regard (Tanga & Gutura 2013:137), there were few opportunities of this nature in Welbedacht East.

Employment opportunities are inextricably linked to the development of skills, as raised by the participants.

7.2.2.2 Skills development

Noting the lack of job opportunities and the poor employment skill sets that parents in Welbedacht East possessed, parents/ primary caregivers and community champions suggested the need for skills development. As proposed by Josie (PPC): *"You should be teaching the women skills so they can afford to look after themselves and their children."*

Josie (PPC) expanded that without this they were reliant on their partners: *"Most of the women, the only roof over their head that they and their children have, is the one that their partner or husband is providing."*

Nahil (CC), a community champion, recognised the social and educational benefits of bringing people together to participate in skills development. He suggested that increasing their social inclusion would create a portal for teaching them skills that could develop into income generating activities: *“Maybe... if these parents are set up with some kind of skills training, bead work, or knitting... You are getting parents together and from there you can start educating them.”* Ultimately, the point of acquiring a skill is to improve the income of the family.

Single parents with low levels of education face challenging limitations (Tanga & Gutura 2013:132). The findings of the study by Nel and Roestenburg (2004:120) exploring the needs of users of an outreach programme in Soweto highlighted the need for workshops for unemployed people, agricultural skills training, and small business and entrepreneurial skills for parents and youth.

Related to skills development was the participants' recommendations for increasing income generating opportunities for parents/ primary caregivers.

7.2.2.3 Income generation

The participants anticipated that skills training would lead to some financial independence or subsistence living. As shared by Betty (CC): *“They will have to bring all of these parents together, here. They have different skills first. We will teach you how to do this, and then you do this, and then we see. Like plant a small garden, plant something – vegetables so that you can make a small salad. Make money... Or you learn to make some doilies. Knit yourself. You get free wool and that. We will have a place where you can sell it over weekends.”*

Community champion Anna (CC) proposed this more than once. Firstly, she suggested: *“They really need projects to be started that will help them benefit financially.”* Then she referred to this again when discussing the implementation of the project: *“There also needs to be implementation of project – any project that is income generating.”*

To achieve income generation, Carol (PPC) advocated for more skills development for parents/ primary caregivers: *“...maybe we need, a place where the parents can learn... For computers. Because most of the parents don't know how to use technology. They don't have knowledge of how to do things that can help them find work... There they will be able to learn sewing, computers, cooking. So they have something to do and go and sell to get money that they can use to look after their children.”*

The community champions mentioned other advantages of starting income generating projects within Welbedacht East, such as a means of relieving stress and offering supervised care for their children. Firstly, Zanele (CC) stated that income generation would provide a welcome relief for parents from their problems: *“And they also need to... have something to do. Like projects that will take their minds away from thinking about their problems. Those problems might result in abuse. They need to have something to do whilst children are at school.”*

Then Grace (CC) pointed out that parents needed to generate an income whilst being available to their children: *“Besides that... the mother needs to be taught to make money at home... Because that makes it easier so that you can look after your children whilst you also make something at home.”*

Unemployment is a serious contextual issue in South Africa that creates many problems for those unable to secure a regular family income (White Paper on Families in South Africa 2013:22). Unemployment is a contributing factor to the maltreatment of children (Green & Hartweg 2004:188; Scannapieco & Connell-Carrick 2002:609). Noting the risks that unemployment poses for families, the White Paper on Families in South Africa (2013:41) makes two references for enhancing the economic capacity of families: “improving economic capacity of families through short-term interventions, finances and material assistance” and “intensifying efforts to create employment and other generating opportunities for working aged family members to ensure a regular income”. Income generation is a form of self-employment. Self-employment, whilst considered the driving force of economic growth in developing countries, does not come without problems: unsophisticated entrepreneurs struggle to compete; their lack of education does not enable them to interact with foreign suppliers and customers; and it is a challenge for them to access microcredit, which in turn causes low productivity and all of this is aggravated by the limited opportunities they have to acquire further training and skills to sustain their activities (Raniga & Ngcobo 2014:524; Strydom & Tlhojane 2008:41).

Poverty was a major threat to the Welbedacht East parents/ primary caregivers and compromised the well-being of their children. The two groups of participants recommended services that would enable them to secure an income to fulfil their basic needs (McArthur et al 2010:11; Richter & Naicker 2013:31). Several authors (Daly et al 2015:19; Trivette & Dunst 2014:2) endorse income generating activities as being within the boundaries of parent support, noting that vulnerable parents require more than parenting knowledge and skills. Such activities contribute positively to the national strategic priority to increase income-generating

opportunities for vulnerable families, as promoted by the White Paper on Families in South Africa (2013:41).

Yet another concomitant structural resource proposed was related to the expansion of educational facilities.

7.2.3 Sub-theme 3: Educational facilities for children

SUB-THEME 3: EDUCATIONAL FACILITIES FOR CHILDREN	CATEGORIES Early Childhood Development / Crèches Aftercare facilities for children More local schools/ quality education
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The responses of participants to the question of what types of resources they believed could assist in buffering parenting practices in Welbedacht East reflected their concerns about the state of education in their neighbourhood. All participants unanimously reiterated the need for additional educational facilities, including crèches, a high school, and aftercare that would provide supervision for children after school and over weekends. An additional need expressed by the parents/ primary caregivers was the improvement of the standard of education at the only school situated in their ward.

Education is a primary service listed as one of the indicators of social inclusion (see Section 2.4.1.2). One of the four identified domains of child well-being relates to the child's cognitive development and education and, as noted in Section 3.4.1, it is one of the domains of parenting that parents are expected to be actively involved in (Lippman et al 2009:20). It requires, as a basic standard, that the child complete the foundation phase of education and acquire knowledge, more specifically in maths, language, science, reading, and writing (Lippman et al 2009:20). Setting indicators for positive parenting, Johnson et al (2014:116) stipulate that adequate parenting requires parents to ensure that their children regularly receive educational instruction and encourage and assist their advancement in school. Even before school and throughout the child's development, the parent is expected to stimulate the child's acquisition of language and other special and numeracy skills, through reading to them, playing with them, and labelling and explaining objects (Johnson et al 2014:117). It is even suggested that when parents provide cognitive stimulation to their children in the early years, it compensates for the effects of malnutrition, improves their educational achievement, and prepares them for better paid employment (Gould & Ward 2015:4; Save the Children South Africa 2015:18). However, it appeared that in Welbedacht East parents/ primary caregivers relied on educational institutions to facilitate the cognitive development of their children, as

illustrated in one parent's/ primary caregiver's remark. This is what Josie (PPC) said: *"The only future we can give our children is to take them to school, and let them be taught there."*

As noted by Sidebotham (2001:105), school and pre-school opportunities are indicators of the state's commitment to moderating child well-being, because education is important to the upliftment of families. In South Africa there exists a matrix of challenges within the basic education sector, as the poor performance of South African learners in international tests of reading, writing and maths have been widely acknowledged. Contributing factors are large class numbers and overcrowding of schools, more specifically in the early learning phases (Atilola 2014:4; South Africa 2012:22). Inefficiencies in the spending of the education budget exposes the most vulnerable children to poor quality education (Save the Children South Africa 2015:18). The importance of improving the quality and accessibility of government-promoted schools, pre-schools, aftercare services, and social welfare services to strengthen and support childcare capacities is therefore acknowledged (Katz et al 2007:1; Save the Children South Africa 2015:23; White Paper on Families in South Africa 2013). However, there are also several parental factors that impact on children's achievement at school: SES, beliefs, and home behaviours (Davis-Kean 2005:297). These were referred to in Section 2.6.1.1b, Section 2.6.2 and Section 2.6.3.

7.2.3.1 Early Childhood Development/ Crèches

ECD is critical for enabling children to reach their full potential, promoting an early sense of self-esteem and confidence and a range of problem-solving skills needed for mental health (Atilola 2014:3; South Africa 2012:19). Access to these facilities remains restricted for the majority of children in sub-Saharan Africa (Atilola 2014:4). Those living in poor households are far less likely to experience the benefits of ECD education than children from wealthier households (Atilola 2014:4; Save the Children South Africa 2015:15; South Africa 2012:19). There were two obvious reasons for this in Welbedacht East. There were only three ECD centres in the ward, only one of which met the criteria to be registered by the Department of Social Development and the local health department. The other three functioned as day care facilities. ECD centres are required to meet health and other standards to qualify to register (Budlender & Lund 2011:936). Those registered receive a small subsidy from the government, but it is so small that caregivers of children still must pay fees to meet the expenses of the ECD centres. It is reported that only 10 per cent of the caregivers in unregistered facilities are qualified to teach, which raises a concern about the level of care and stimulation the children receive (Budlender & Lund 2011:936; Save the Children South Africa 2015:24). Children from over 4 500 households in Welbedacht East had to be accommodated in the four facilities. The demand for this service outweighed the availability. However, there were many parents living

in the community that did not consider enrolling their children in this introductory level of education. In the absence of government subsidisation of such services, it is not compulsory for parents to register their children for ECD. The services had to be paid for by parents and, given their competing financial priorities, many could not afford to do so. In sub-Saharan Africa, the enrolment in pre-primary school only averages about 18 per cent, illustrating that this is a common trend (Atilola 2014:4).

Parents/ primary caregivers motivated for more crèches. Faith (PPC), Carol (PPC) and Rekha (PPC) indicated that more affordable crèches had to be developed for the community. Faith (PPC) stated it as follows: *“There are not enough crèches here. We have only two... We need crèches for the children.”*

Carol (PPC) and Rekha (PPC) both stipulated that ECD education needed to be affordable. As stated by Carol (PPC): *“Crèches for the children to attend that are not too expensive.”* Rekha (PPC) concurred: *“Ones where parents don’t have to pay too much!”*

Similarly, community champions reiterated the significance of increasing the number of crèches as proposed by Dina (CC): *“I think they need more ECD programmes in the community.”* Zanele (CC) also advanced the necessity of extending these sites: *“...and the need to extend ECD sites. We have no proper ECD sites.”*

In theory, ECD centres are intended to facilitate Early Childhood Care and Development (ECCD) interventions that are related to health, nutrition, early learning and protection from harm, as well as address the needs of children with physical disabilities and support those with HIV and AIDS. Registered facilities must satisfy the required norms and standards that pertain to administration and infrastructure, which three of the four ECD centres had yet to satisfy (Save the Children South Africa 2015:24). Such centres therefore become portals for overseeing and monitoring the overall health of young children under the ages of seven years (Atilola 2014:3).

A community champion associated with monitoring ECD centres in the area observed that children who were not exposed to ECD before entering school were at a disadvantage. This is what Fikile (CC) pointed out: *“...there aren’t enough crèches where they can take their children to. So the children can only go to school in Grade 1 and if you look at the child that has been in the Early Childhood Development Centre, and the child that was just at home who starts school in Grade One, there is a huge difference between those.”*

Some community champions perceived ECD centres as a resource that fulfilled an additional role of securing the safety of the neighbourhood children. Grace (CC) expanded as follows: *“Oh a crèche would be perfect. You know you are leaving your child in the crèche, where people know how to look after your child, and they won’t expose your child to anything that is harmful. And you know when you are coming you can fetch your child from there. It would be very good to have a crèche in this place. We actually need one. We even need this for some of the mothers that are not working, because there is no place to leave the child. They are scared to leave the child with any other person.”* Grace’s (CC) position highlights the problem that unemployed single mothers face when they need to apply for employment or attend to other business.

Strydom’s study (2013:513) informs that the development of affordable childcare facilities, like play groups for preschool children in low-income communities, allow women to have time away from their children and simultaneously expose the pre-school children to educational activities. Unfortunately, for many at-risk families preschool and day care services are not possible because of their scarcity and the cost associated with such services (Strydom 2013:506). According to Save the Children South Africa (2015:24), most children receive no ECD services between birth and four years of age. Investing in ECD centres for disadvantaged children is known to impact positively on their school performance in higher school grades (Engle et al 2011:1342). These factors were consistent with the experiences of the Welbedacht East parents/ primary caregivers who not only required crèches, but aftercare services too.

The attendant perspectives regarding participants’ recommendations for aftercare facilities are presented.

7.2.3.2 Aftercare facilities for children

Some community champions suggested a need for extended operational hours for the ECD centres to accommodate working mothers. Dina (CC) proposed this: *“Perhaps ECD facilities that are open all day. Because the ECD programmes close half day. You know there are parents who want their children to stay longer, because they work...”* McArthur et al (2010:31), in discussing disadvantaged families’ preferences of services, mention places to take care of or supervise children, even though they realised that such services were unlikely to be affordable.

Betty (CC) expanded on the benefits, especially for the children whose parents worked and could not afford to arrange suitable supervision for them. She highlighted the risk that many

children were exposed to: *"We have no aftercare. They are left alone from the time they come home from school till the first parent comes home."*

One of the parents, Olga (PPC), suggested that such a facility with extended hours could provide a context and opportunity to teach children life skills: *"They, the children, must be taught. School finishes at 14:00 to 15:00 in the afternoon. There needs to be a place for them, even over weekends... Where there can be services for our kids, where they can be taken care of... they can play there. A safe space."*

Olga (PPC) expanded, explaining that parents lacked knowledge on how to support their children's development: *"At least they would grow up with some sort of knowledge. If they want to learn about certain things like music, they can learn it there. In the afternoon our children should not be staying with us. There is nothing we can teach them, because we can't teach them about their future. The only future we can give our children is to take them to school and let them be taught there. The children must know when they come back from school, they must go there to that place to meet, instead of them playing at home and playing with us."*

The experiences of the Welbedacht East parents/ primary caregivers regarding aftercare and crèche facilities were linked. Safe childcare, educational support and respite for parents/ primary caregivers were unmet needs in the community. Homework, supervision, extra lessons, and curriculum support programmes are advocated to support the children who are struggling academically (Hope & Van der Merwe 2013:325). For those parents who were uneducated, assisting with schoolwork was a challenge as was experienced in Hope and Van der Merwe's (2013:319) study. As evident from the narratives, the safety of local children would be increased if aftercare facilities were available to children in Welbedacht East.

A related and well-supported recommendation was the need for more schools in Welbedacht East.

7.2.3.3 More local schools/ quality education

Welbedacht East only has one primary school that accommodated over 1200 learners from Grade R to Grade 7 at the time of the study. Most Welbedacht East learners attended schools in the adjacent suburbs in Chatsworth and, in the absence of subsidised transport, had to walk distances of eight to 10 kilometres to school daily. One of the community champions estimated the monthly cost of transport to Chatsworth schools was in the region of R200 per child per month and therefore local schools was identified as a functional resource by Grace (CC) and

Zanele (CC). Grace (CC) said: *"We need a nearby school in our areas. But it is so sad... because we got one school... that is a primary school only."*

Zanele's (CC) recommendation was the same: *"They have got one school and need more."*

A parent/ primary caregiver, Hle (PPC), stated that a local high school was also needed: *"We don't have anything that is ours here. Even the child when they have to go to a high school, they must cross the bridge. They must go to Chatsworth. We don't have anything!"*

The importance of schools offering quality education was emphasised by Kuhle (PPC) when she recommended another school in Welbedacht East: *"A school that will be of a better standard of education, not just a school... Because the school that is nearby is okay. But the level, the level of education is bad. People whose children go there leave and try to go to find a better education."*

According to Hepburn (2002:92), educational quality is poor in AIDS-affected areas, with parents complaining about the scarcity of educational materials, high absenteeism amongst educators, and disorganised learning environments. Whilst these factors were not mentioned by Kuhle (PPC), children's rights activists report that the majority of poor African and Coloured children who are educated through the public education system leave primary school unable to read, write or complete basic maths at grade-appropriate levels (Save the Children South Africa 2015:30). Whilst education should be a means of promoting an equitable society and breaking the cycle of poverty (Hope & Van Der Merwe 2013:325), inequities based on racial, socioeconomic and geographic lines continue in South Africa (Save the Children South Africa 2015:30). The socioeconomic survey of Welbedacht East reported that only 45 per cent of children under 15 years attended school locally (including the children enrolled in the Chatsworth schools). This confirms that the number of schools for the population size of Welbedacht East was inadequate. Clearly, not having enough schools near where parents lived created an additional financial burden for those whose children went to school outside of Welbedacht East.

Evidently, the two groups of participants identified educational facilities for children under nine years of age, namely more ECD centres, aftercare centres and more schools, as necessary for enhancing the well-being of the children living in Welbedacht East. The reality, as mentioned by Dunn and Keet (2012:82), is that the economic hardships experienced by many South African parents points to their not being able to provide their children with educational toys, stimulate their language development, or send them to preschools. In addition, poor high-

risk families have limited capacity to assist their children because of the education they themselves received and therefore are unable to compensate for the shortfalls in public schools (Hope & Van der Merwe 2013:319). Final recommendations also included that services such as homework supervision, extra lessons, and curriculum support programmes should be developed. This is consistent with Hope and Van der Merwe's (2013:325) notion that these services lend support to children in high-risk communities who struggle academically.

Recreational facilities and programmes were proposed as valuable resources to develop in Welbedacht East.

7.2.4 Sub-theme 4: Recreational facilities

SUB-THEME 4: RECREATIONAL FACILITIES	CATEGORIES A Library A community hall (CCs only) An outdoor playground Sports facilities
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Several scholarly articles note that social support is a powerful source of inspiration for parents (Ceballo & McLoyd 2002:1311; McArthur et al 2010:15; Sousa 2005:163; Swick 2008:150). The contributions that social support offers are highlighted in both theories that framed this study: the bioecological (see Section 2.3) and social inclusion (Section 2.4) theories. When parents and children are cut off or excluded from social interactions or connections with stimulating contexts, their ability to learn and grow is thwarted. Therefore, providing family-friendly, safe and inviting spaces for parents and children to meet with others is a positive means of reducing barriers to social inclusion (McDonald 2011). The research participants identified several community-based amenities as appropriate for the Welbedacht East parents/ primary caregivers and their children. These included a library, a community hall that would provide space for extramural activities, a playground for children, and sports facilities

7.2.4.1 A Library

A local library was a popular recommendation amongst the participants. Lindiwe (CC) referred to the inaccessibility of the only available library to parents/ primary caregivers which was situated in Chatsworth: *"They need a library. A nearby library."*

For Kuhle (PPC), a local library would ensure that parents would be able to monitor their children's whereabouts and would not incur further expenses: *"A library, Sisi, is a necessity. Even though my children are still young... I would think that it is important, because it will help*

them to grow up right." She explained that it was costly to send her children to the library at Chatsworth: *"So when I give money, I have to give all five children. So the only library is in Chatsworth. It is far and expensive."*

Kuhle's (PPC) reference to concerns about not being able to check on her children's whereabouts was as follows: *"Then I will think my child has gone to the library, meanwhile she has gone somewhere else. So it is better if we have a library around here."*

Dina (CC) considered the possibility of the library offering more than book lending: *"When the children become bored, when the schools are closed, we should be running programmes for children, and not just focus on programmes for parents. So that the children can learn to socialise with each other as well. You know like have reading afternoons. There isn't a reading library in Welbedacht where this can happen."*

It is mentioned that 93 per cent of public schools do not have library facilities (Save the Children South Africa 2015:30). Without libraries that offer age-appropriate reading materials for children, even those with an aptitude for reading will not be adequately exposed to reading to achieve the expected outcomes for their school grade (Save the Children South Africa 2015:30). The closest municipal library was in Chatsworth and a return trip would cost a parent and child R40 on average. Participants envisaged that the library would extend services beyond book lending to offering storytelling, as well as educational and leisure programmes for both children and parents.

An associated recommended resource was a community hall or place where community members could gather.

7.2.4.2 A community hall

In the absence of a local physical structure where public meetings or functions could be hosted, Lindiwe (CC), one of the community champions, expressed her opinion that this was a need in their community: *"They need a community hall where events can be held. These events should be ongoing. They need awareness campaigns that can be presented in this hall. There are so many topics that could be covered to help them. There needs to be places where people can come together. They need meeting places. Places that will make sure that people get some support and don't struggle on their own."*

Thoko (CC) noted that such a facility would create a place for organised social activities to involve parents and children and develop a sense of community. This is what Thoko (CC)

said: *“Even cultural groups. Competitions with cultural groups. It will involve mothers and children. And make a difference... To create a sense of community. A sense of belonging... Where they will join together, share ideas. Do everything together.”*

References to “meeting places” and “places where people can come together”, that would help “to create a sense of community” suggested that participants recognised the importance of support and advancing their social inclusion. Opportunities, as mentioned by participants, are considered important by Sousa (2005:176), because they increase the support of families incrementally. By extending their social contact systems, one expands their opportunities for employment, health and other social goods, because social contact expands information about opportunities and resources. Participants wanted a building so that the community would have a place for community members to come together.

An associated community structure or space was an outdoor playground.

7.2.4.3 *An outdoor playground*

An accessible park was recommended as a resource that would facilitate parenting in Welbedacht East. One to suggest this was Angel (PPC): *“Most of the parents, they say we need a park for our children. There is not parks for our children. There are parks around other places outside Welbedacht, but not here! I would see in other areas, they have playgrounds, so that when you have a moment you can go to the playground, to teach the children, or just let them play.”*

Community champion Grace (CC) noted that whilst a playground was necessary, authorities needed to ensure that it would be safe: *“And a playground... you know... facilities for the children. A place where they can play that is safe. Anyone can watch and it is safe... sometimes I find that the bigger children look after the smaller ones and do so better than a parent... It needs to be a safe place. An open place. Not in a bushy place. Somewhere where everybody can see what is going on.”* Her vision was that if the playground was safe, children could play there under the supervision of older children who would help to socialise the younger ones. As noted by McArthur et al (2010:31), such a resource offers parents living in disadvantage some respite from taking care of their children.

Safety and supervision were stated as prerequisites for the playground. The suggestion of older children being responsible for the supervision for younger children appears to be related to the position taken by Bame Nsamenang (2006:295-296), which refers to an indigenous African view on child development and intelligence that African children are expected to

assume social responsibility from an early age. In this instance it was proposed that they care for younger children and help to socialise them. In a similar low-cost housing community in Durban, Gomo, Raniga and Motlounge (2017:196) report on the Safe Parks project, an Isibindi initiative developed in 2002 (Dunga & Mhlango 2017), where health and social service professionals visited the community weekly to provide supervised play opportunities for children to build relationships with other children. The outcome of the study was that these opportunities strengthened the resilience of the children who were involved (Gomo et al 2017:196).

Concomitant to play areas for the psychological and emotional well-being of children is the availability of sport facilities.

7.2.4.4 Sport facilities

Angel (PPC) and Olga (PPC), both parent/ primary caregiver participants, proposed sports grounds. Angel (PPC) suggested: *"We need a soccer field for the boys, because they play on the road. They play soccer on the road! And one of them ended up getting knocked by a car."*

Olga (PPC) agreed: *"Here in the township. I love sports, but there is not areas for children. You have to go outside of the township to find these. Like with my son, when he was young, he just wanted to play soccer... He started playing soccer very young. I think he was about eight years. But there was no place to play here. When his dad was still around he would take him to the nice playing fields of a high standard that belong to the Indians. Those were the better playing fields. Because you can actually play properly on those grounds. There are many children here in the township that I think would love to play. They love sport, but there is no way, until one is grown up. It is too late for one to see their talent then. There is no way that they can get to these playing fields themselves. If there was a free place, like a sports ground, so that the children, even if it is on weekends, they can go there, to do maybe different kinda sports. It would be better for them... A place that will keep them busy doing something healthy."* Her narrative portrays the manner in which disadvantage denies children healthy opportunities during their childhood, increasing their social exclusion.

It is mentioned by Sousa (2005:163) that evolving relationships are made up of family members, friends and acquaintances, work and study connections, and participation in formal and informal organisations. For such relationships to form, people require "spaces" and the physical amenities which, as identified by participants, were lacking in Welbedacht East. The need for a centre for youth "to meet and do things" was recommended by youth participants in a study about community-based recreational places needed by youth whose contextual

realities resembled those of Welbedacht East. They expressed that they needed to “get out and about” to help them to overcome their frustrations (Booyens & Crause 2012:260).

Community-based recreational places help to mitigate boredom, alcohol and drug use, gang membership, crime, and other destructive activities (Booyens & Crause 2012:271; Nel & Roestenburg 2004:121). Such recreational facilities and resources are 4.5 times more likely to be found in affluent neighbourhoods than low-income ones (Moore, Diez Roux, Evenson, McGinn & Brines 2008:16). Participants in this study recognised the value of local social amenities for increasing the social inclusion of their children. The opportunities would increase the ability of children to read and learn, engage in meaningful social interaction with peers and family members, promote cultural practices, keep them safe, and contribute to their healthy physical development. As presented by Booyens & Crause 2012:260 these were health-enhancing opportunities which would reduce the risks of neighbourhood children becoming victims of crime.

Healthcare services and clinics were recommended, as these were reported to be inaccessible for most parents/ primary caregivers living in Welbedacht East.

7.2.5 Sub-theme 5: Healthcare facilities

SUB-THEME 5: HEALTHCARE FACILITIES	CATEGORIES Extended services Primary healthcare education Ambulance service
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One of the most basic human rights is access to healthcare (Plaks & Butler 2012:129). When available, it promotes the well-being of children and their families (McDonald 2011). It is one of the essential indicators of social inclusion (see Section 2.4.1.2). Health services should be affordable, accessible and accommodating, and offer an adequate supply of specialised programmes and services that are of an acceptable standard (Plaks & Butler 2012:130-137). The rights of children to quality and timely access to a bouquet of healthcare services, such as prevention, health promotion, curative, rehabilitative and palliative services, is advocated (Save the Children South Africa 2015:26).

Clinics with adequate health services, including a responsive ambulance service and primary health education for parents addressing hygiene and nutrition were identified by both sets of participants as resources that parents/ primary caregivers living in Welbedacht East needed.

7.2.5.1 **Extended services**

When the study commenced, there was one provincial primary health clinic based at the Ashram that offered services five days a week. These services were terminated without explanation to the community. A mobile clinic was reported to visit the community on a weekly basis at one of the geographical sites of the study, “the Mobile Clinic Site”. Amongst the shortcomings of this service were: the site was difficult for people living in the lower lying regions of Welbedacht East to get to and the mobile clinic only offered limited services for parents and their children. In cases of illness, when medication had to be prescribed by a medical doctor, or chronic medical treatment was needed (which included antiretroviral treatment), residents were referred to the provincial hospital based in Chatsworth.

The demand for clinic services outweighed the availability. Participants indicated that people did not get medical help when they needed it. As example, Zanele (CC) noted: *“And they need a daily clinic because that place is very big... They need it daily so that they can get help when they need it.”*

For Kuhle (PPC), such a clinic needed to operate from a permanent structure, where services could be accessed daily: *“There must be a place, even a small one where there can be a clinic. Where you know that you can wake up in the morning, and you go to the clinic. A huge place like this, Sisi that does not have a clinic! ...You can see what we need here is a small clinic... You see, we don’t need a clinic that will only come on Wednesday. There must be a clinic every day.”*

Participants desired a more comprehensive healthcare system. For Vuyi (PPC), such a system would offer more services than those they currently had access to: *“Proper clinics... and in the clinics they must have sometimes a doctor coming to visit... We don’t have a proper clinic at all. The clinic we have needs to be better controlled. We need enough nurses, proper stuff like injections... and someone there who will talk to us.”*

As noted by Kuhle (PPC), parents/ primary caregivers need to be able to access more comprehensive services: *“You also need to be able to get to the other wards (referring to medical departments that offered specialist services).”*

Travel expenses to access the provincial hospital from Welbedacht East was extreme in relation to the income of parents/ primary caregivers. Whilst Lindiwe (CC) did not say that it caused people to default from their treatment, it can be inferred that it was of concern, given the high rate of HIV in the community and people on antiretroviral (ARV) medications: *“They*

need clinics that are close by. So with people who are on chronics, they have to go all the way to Chatsworth to get their medicines. They should not have to travel so far and have so much trouble to get them... it is too expensive and not necessary."

Local health services would help parents/ primary caregivers to save on transport costs, according to Lindiwe (CC): *"Then, even if it costs R2 for transport, it is not like paying R20."* She also explained how costly it was to take a child to the clinic: *"If the child is sick, you have to hire other people's cars with the money that is non-existent."*

Overcrowding of the provincial clinics at Chatsworth further motivated the need for a local health clinic, as identified by Rekha (PPC): *"When we go to the Chatsworth Units... it is so busy... so when we have to use the changing beds for the babies, they are dirty. When we go there, we can't even enter the toilet the hygiene is so bad!"*

Primary health clinics are meant to offer a range of services within the community: antenatal care, family planning, HIV treatment, and termination of pregnancies. Those that are properly staffed have multidisciplinary teams consisting of healthcare practitioners, healthcare promoters, and social workers who are meant to provide information to people in the clinics and the community through home and school visits (Holt et al 2012:284). The reported lack of capacity of health workers, as well as the poor management of and human and financial shortages within the health sector (Coovadia et al 2009:829; Save the Children South Africa 2015:27) explain the negative experiences of the parents/ primary caregivers. They were unable to access the services they were entitled to.

Contacts with service providers shared that the rate of HIV and AIDS was high, yet this socio-medical issue was never mentioned by participants during interviews. It was only discussed after the data collection phases during the researcher's informal contacts with community members. The demands of caring for an infected family member or being infected are high for those living in the home, and often rests on older persons (Ardington et al 2010:97). They have to offer care during illness; carry the financial costs of illness, treatment and death; provide care for orphaned children; and make contingency arrangements for the loss of financial support.

Based on the examples provided by participants, it can be concluded that parents/ primary caregivers living in Welbedacht East did not have access to satisfactory healthcare services. Their experiences of inadequate healthcare were consistent with the findings in Nel and Roestenburg's (2004:117) study which reported the need for more healthcare services,

particularly locally situated health clinics. However, for parents/ primary caregivers to make use of such services, as identified by several authors (Katz et al 2007:21; Plaks & Butler 2012:132-137), such facilities would need to offer reliable, accessible, well-coordinated, and affordable services that would address the community's needs.

A concomitant element of healthcare is prevention and primary healthcare education, as was mentioned by participants.

7.2.5.2 Primary healthcare education

Some participants proposed that the health clinics should offer primary healthcare education. Betty (CC), in talking about how poorly informed parents/ primary caregivers were about healthcare matters, shared the following: *"They have to learn a helluva lot. And they have to learn to take birth control as well. I mean they are already single parents. They make more and more babies. My goodness, just for the free government money! It doesn't even cover all of the expenses."*

Vuyi (PPC) stated the following: *"They need information about 'Your Baby'...Lectures about your baby."*

Carol (PPC) hesitantly recommended going back to the basics of hygiene as an area that parents/ primary caregivers needed guidance on: *"I think what we might need... um... what I think should go under the clinics... is to teach parents about hygiene... because that is most important..."*

The lack of preventive services as mentioned by the two participant groups is supported by Save the Children South Africa (2015:27), who confirm that there are a limited number of community-based parenting support programmes that are offered to vulnerable caregivers that address health, nutrition, and the development of children. Lack of capacity among health workers, problems with management, and a shortage of financial resources are to blame (Coovadia et al 2009:829; Save the Children South Africa 2015:27).

Ambulance services, a related healthcare resource, was proposed as a necessary service for families living in Welbedacht East.

7.2.5.3 Ambulance service

There are three core functions within the emergency medical and rescue services offered under the auspices of the Department of Health in KwaZulu-Natal: emergency medical care;

transport to emergency hospital facilities; and rescue operations (to free entrapped persons) (KwaZulu-Natal Department of Health 2001). These services should be available throughout the province. However, the parent/ primary caregiver participants' comments reflected that they did not benefit from such services. Ambulances were seldom available when needed.

Angel (PPC) explained why she suggested that a responsive ambulance service was needed: *"Sometimes you call the ambulance and they take too long to get here... and what do you do till they get here? Some of the people are giving birth in their houses you know. We call the ambulance, but the people are already giving birth and the ambulance comes too late."*

Vuyi (PPC) provided a personal example: *"The ambulance... the ambulance comes very late. Very late! I remember I was about to give birth... I actually gave birth in the ambulance on the way to the hospital. Which is a bit unhygienic."*

In some instances, the ambulance services did not show up. Rekha (PPC) referred to the risk this posed for her child when her child was bitten by a dog: *"For us we do need this. The ambulance does not come on time. When my daughter was bitten by a dog, and the ambulance never came... we had to go to neighbours for help."*

Emergency services are mandated in health policies, but the personal experiences shared by parents/ primary caregivers reflected that when they were needed, they did not receive them timeously, and sometimes not at all.

These narratives discussed under the sub-theme of healthcare facilities explain the motivation behind the participants' recommendations for more comprehensive health services: a local healthcare facility that would offer an extended range of medical services, provide primary health education, and dispense chronic medications. They further required a responsive ambulance service.

The second to last recommendation, housing, was as a resource that parents/ primary caregivers believed needed to be addressed.

7.2.6 Sub-theme 6: Housing

SUB-THEME 6: HOUSING	CATEGORIES More housing Improved housing designs
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Participants identified two needs associated with housing for parents/ primary caregivers living in Welbedacht East: more housing and improved housing designs.

7.2.6.1 *More housing*

The quality of housing has a profound effect on families (Johnson et al 2014:104; Manomano & Tanga 2018:32; Trawick-Smith 2006:58) and is acknowledged as a contributing factor to many of their social problems and dysfunctions (White Paper on Families in South Africa 2013). The effects of insufficient or inadequate housing are widespread, compromising social development in a neighbourhood or community and the economic environment (Manomano & Tanga 2018:32). There is usually a lack of resources in low-cost housing areas, which affects the general well-being of those living there (Shenassa, Stubbendick & Brown 2004). For example, paediatric accidents are more common in areas where there is poor quality housing (Shenassa et al 2004)

Welbedacht East consists of subsidised homes and informal dwellings. The subsidised houses are one-roomed, free-standing houses with a floor space of approximately 30 square meters. During the researcher's field visits, participants and other community members drew attention to the problems they had with their low-cost houses. The houses were poorly constructed, with poorly fitted windows and doors and unsealed walls which created dampness and mould in their homes, and soon after construction, roofs began to leak, water pipes burst, and walls cracked. These problems made it difficult and costly for the parents/ primary caregivers to maintain their homes, particularly the single women. Local and provincial levels of government failed to attend to their requests to address their concerns, such as burst water pipes, refuse removal, management of disease infested stray animals, and high water bills caused by leaking pipes. The informal dwellings lacked electricity and water services. The houses were built on steep sites and situated on the outer periphery of Durban, which made it challenging for parents/ primary caregivers to access resources. Parents/ primary caregivers had to travel long distances, often on foot, to access shops, healthcare, banks, food markets, and schools. As noted by Sokhela (2006:ii) there are many disadvantages of relocating poor people to peripheral areas. There were long waiting lists of people who had registered for the low-cost houses but had not had homes allocated to them.

According to Karima (CC): *"...right now you still find that people are renting homes and maybe they can have their own homes. Some of them are still living in shacks... if they had their own homes, maybe it can improve their lives."*

Karima (CC) was not specific about how ownership would improve the lives of those who are currently renting, but it is known that low-cost rental properties are usually associated with poor structures and overdue repairs that affect the living conditions of tenants (Shenassa et al 2004).

Ethel (PPC), who lived in an informal dwelling that she shared with her children, father-in-law, sister-in-law, nieces and nephews, felt that owning her own dwelling would satisfy the safety and security needs of her children: *“The thing I most long for is a house. Hopefully I will be getting one next year. My own. The kids will be safe then.”*

Building on the recommendation for more housing, participants raised the issue of the designs of the low-cost houses. It was suggested that the houses be modified to accommodate each family's needs.

7.2.6.2 Improved housing designs

Poor quality or inadequate housing creates negative conditions which create stress for parents/ primary caregivers. Researchers Jocson and McLoyd (2015:311) report that when housing is unsuitable for families, harsh and inconsistent discipline become more common and parental warmth reduces. The designs of the Welbedacht East houses were reported to create negative conditions for parents/ primary caregivers.

Zanele (CC) complained about the government-built house designs: *“Oh another important factor is the structure of the housing in Welbedacht... Those RDP houses they are actually only one room.”*

The houses offered no privacy and Angel (PPC) wanted her home to be extended: *“If only the houses could be extended... because the children are also complaining that they need their own bedroom. They want their own privacy.”*

Lack of privacy in dwellings caused by having too few rooms is a significant stressor (Newman 2008:904). Newman (2008:904) explains that by having different rooms, one has greater control over or can regulate interpersonal contacts. The repercussions of the lack of privacy in their houses was discussed in Part 2.1 of the analysis of findings (see Section 6.2.1.4).

The participants' comments are consistent with the findings of another South African study on government housing, where 87 per cent reported that their houses were too small and 92 per cent described them as inadequate (Manomano & Tanga 2018:29). Small houses in LSEEs

do not offer enough space for children to play, either inside or outside, which prevents them from bringing friends home and reduces their social participation and inclusion (Davies et al 2008:219).

Housing was a potential resource for the improvement of the quality of parenting in the Welbedacht East area, as had been reflected in the responses of the participants. It is argued that the government houses should be rebuilt in a manner that enables them to meet the actual housing needs of communities (Manomano & Tanga 2018:31).

Participants also proposed a more comprehensive and affordable transport service in their ward.

7.2.7 Sub-theme 7: Transportation

SUB-THEME 7: TRANSPORTATION	CATEGORIES
	School transport for learners

Transportation is considered an important indicator of social inclusion. It enhances the mobility of families, increases their access to other services, and connects them with opportunities and people that may improve the quality of their lives (World Bank 2013:95). Transport featured in the discussions in Section 6.2.1.3 of Chapter Six. Grace (CC) referred to the need for transport for school children in her recommendation for more local schools. Kuhle (PPC) listed transport as a barrier to accessing healthcare, Olga (PPC) mentioned that lack of transport precluded many children from getting to use proper sport facilities, and Rekha (PPC) discussed the problems experienced when children required emergency healthcare.

Grace (CC) proposed that transport should be considered as a relevant resource in Welbedacht East to support parenting: *“Transport for the children. That will be much better. If the child is picked up and taken to school and taken home again. Because walking all the way... It is far and it is dangerous... Sometimes we see the mothers, they are pushing their children to walk to school in a club in the morning, but what happens in the afternoon? The children come home different ways and at different times... It is not safe at all.”*

Transport correlates with the quality of family life (De Goede & Greef 2016:320), because it reduces travel time which is profoundly related to health. For Grace (CC), though, transport represented the safety of children in the community.

Safety was a recurring theme in most of the participants' responses to the questions and it was further mentioned that the lack of safety in Welbedacht East be addressed by increasing police services in the community.

7.2.8 Sub-theme 8: Policing

SUB-THEME 8: POLICING	CATEGORIES
	Crime management and traffic control (PPCs only)

Improved police services and road safety were recommendations made by parents/ primary caregivers. They were worried about the risks their children faced living in Welbedacht East and wanted policing and road safety measures to be escalated.

Kuhle (PPC) recommended a more visible presence of police in the community: *"...at the moment... shame, the most pressing need is this one. When you have police around you, you won't have many incidents of child rape. It won't be that much that our children use drugs. People are free to do what they like here, because there are no police present... the fact that there are no speed humps and no police here... No. It is really disturbing, Sisi. This is the thing that should come first. Someone needs to help us to make our place safe."*

Angel (PPC) added the following: *"And the police must be able to come on time. We don't have a police station here. We called them and they say they are coming (referring to the police based in Chatsworth). Only after a few hours do they eventually come."* She gave an example of the seriousness of the delay in police response time: *"When some people were stabbed. Oh my! We were only here for one year, and one guy was stabbed. The man died!"*

As noted by Vuma (2016:105), all people want to live in safe, orderly neighbourhoods and police are assigned the responsibility of achieving this. The narratives reflect that parents/ primary caregivers did not feel safe or protected in their area. Their requests were for more police to be assigned to their area and for police to investigate crimes timeously, apprehend perpetrators, and hold the perpetrators accountable for breaking the law. According to Vuma (2016:107), this does not enhance individual safety and security, because it is reactive and only deals with those who have already been violated. Instead, police should be more visible in terms of preventing crime. Whilst Vuma (2016:106) confirms the importance of police being accessible and visible in the communities they serve, he proposes that more is achieved when police involve civil society in combating crime. The participants did not recognise the civilian role in combating crime.

As presented in Table 3.3 in Chapter Three, parents do have a role to play in making the environment safe for their children. However, they would need the cooperation and engagement of police and traffic departments to educate them about how to protect their children from risky people, situations and physical danger, how to manage threats of abuse and exposure to violence, and how to prevent substance abuse. It appears the police and traffic services were not offering these preventive services.

Given the nature of the serious crimes that participants referred to, one would expect responsive police services to contribute significantly to the psychological and emotional well-being of communities, especially those who have been victimised. Assurances of safety and protection are indicated for survivors of crime (Du Plessis et al 2009:275) and yet, as experienced by the Welbedacht East community, police response rates were poor.

7.2.9 Summary of Recommended Resources for Welbedacht East

The resources that the community champions recommended for improving parenting practices in Welbedacht East included social work services and programmes, employment and training programmes, recreational facilities and programmes, health services, housing, transport and policing. The list of recommended resources is consistent with the need for services that the Welbedacht East community identified in the socioeconomic survey conducted in 2013 (eThekweni Municipality 2013). The resources that were identified in both studies were: better ambulance services, a local police station, a high school, crèches, transport, electricity and water (both services were often cut because of cable theft, illegal electrical connections, or water theft), and maintenance services to repair water leakages (eThekweni Municipality 2013:44). There was no evidence that local, provincial or national levels of government had addressed these since the findings were published in 2013. Lack of responsiveness to the pressing needs of the low-cost housing communities is mentioned by George, Brussoni, Jin, Lalonde and McCormick (2016) as typical, because economic spending on other priorities are given preference over the needs of the poor. Whilst the scarcity of resources and lack of facilities are acknowledged as common in informal settlements (Simpson 2003:156), as a government housing project one would have expected more infrastructure in Welbedacht East.

The extent to which children's rights are honoured should be evident in the quality and quantity of the resources and services their families can access. According to Dutschke (2006:7), such resources and services should include:

...childcare facilities for children of working parents; education for adults on family planning and child spacing; employment and tax benefits for parents as well as parental leave; parental training on the development and rights of the child; enforcement mechanisms for maintenance claims; programmes to support single parents; assistance to families that are breaking down; counselling for family problems; centres for mothers with babies; school-based medical staff; early childhood development programmes and education on the rights of the child for people working with children.

The majority of these were not available to the parents/ primary caregivers of Welbedacht East.

The lack of resources and services in Welbedacht East confirmed that it was a neighbourhood suffering the effects of social exclusion. According to McDonald (2011), socially excluded communities typically experience high rates of unemployment, and their members struggle to manage on low incomes and poor or absent infrastructure. Resources and services lacking in the community were related to the four components of social inclusion: markets, services, spaces (World Bank 2013:8) and crisis services (James & Gilliland 2017:9; McDonald 2011), as discussed in Section 2.4. The recommendations of the participants reflected their needs in all four domains: housing and employment opportunities (markets); health, education, social services and transport (services); recreational and social support opportunities (spaces); and counselling, ambulances, and police (crisis services). Authors Correa-Velez et al (2010:16) caution that the absence of these throws people into multiple levels of deprivation. However, as Green and Hulme (2005:869) caution, the problem is more serious than a lack of resources; it is a political issue about the denial of a community's entitlement to them, which in this case was the parents/ primary caregivers of Welbedacht East.

Having concluded the discussion on the visions of the Welbedacht East parents/ primary caregivers regarding the resources and services relevant to improving parenting practices, Part 3.2 of the findings addresses participants' choices of topics for inclusion in a locally specific parenting support intervention.

7.3 PART 3.2 OF THE FINDINGS: TOPICS RECOMMENDED FOR INCLUSION IN A CONTEXTUALLY AND CULTURALLY RELEVANT PARENTING SUPPORT INTERVENTION

The preceding chapters of this thesis provide a convincing corpus of research that motivates that parenting programmes improve parents' parenting competencies, psychosocial health, and the adjustment of their families (McGilloway, et al 2012:116; Özdemir 2015:123; Sampaio et al 2015:1035; Wessels & Ward 2015:18). They benefit disadvantaged families (Knerr et al 2013:352; McGilloway et al 2012:122). As mentioned by DeGraaf et al (2008:553), behavioural interventions based on social learning principles are effective in reducing family risk factors related to poor parenting practices.

Programmes to improve parenting skills are generally developed to teach parents strategies to enhance the parent-child relationship and manage the child's behaviour through non-aggressive forms of discipline (Wessels & Ward 2015:18). They are knowledge-based (Moran et al 2004:70), address specific topics in a factual manner, and rely on professional advice (Moran et al 2004:70). The topics can vary from programme to programme (Moran et al 2004:70). There are several topics that appear to be popular, but their inclusion in a programme is dependent upon the theoretical framework that informs the study. The following topics are mentioned in several popular scholarly works: information of the stages of child development; age-appropriate expectations of child development; parent-child communication; building positive parent-child relationships; discipline and setting limits; promoting the child's health; nutrition; accident prevention and home safety; keeping children safe in dangerous communities; prevention of child maltreatment; parental well-being; and cognitive stimulation of the child (Lachman et al 2016:2347; Moran et al 2004:70; Richter & Naicker 2013:22-26; Wessels 2012:16-17).

Even though support for parenting programmes is high, dropout rates in such programmes remain a concern, particularly amongst those who attend universal parenting programmes (Axford et al 2012:2061; Bunting 2014). Magee (2017:12) reported a dropout rate of 44 per cent and Sampaio et al (2015:1035) an even higher rate of 69 per cent. Factors associated with dropping out include: the severity of parenting problems (Begle et al 2012:56); failure of programme developers to match the programme to the nature and extent of the parents' problems (Wessels & Ward 2015:17); ignoring cultural diversity (Ortiz & Del Vecchio 2013:443); poor collaboration and engagement of service users in the development of the programme (Daly 2014:11); and overlooking practical barriers related to service users' attendance (McArthur et al 2010:24).

To achieve the second research goal, the development of a culturally and contextually relevant parenting support intervention for the Welbedacht East community, a collaborative approach to programme development was adopted (Magee 2017:13; Wessels & Ward 2015:19). Participants were asked to recommend topics relevant to parenting in Welbedacht East for consideration in the parenting support intervention they would help to design. This section of the chapter presents their recommendations in Table 7.2 and each recommendation will be discussed sharing the participants' rationale for their recommendations.

Table 7.2: Part 3.2 of findings – Topics recommended for inclusion in a contextually and culturally relevant parenting support intervention

FINDINGS PART	PART 3.2
MAIN THEME	TOPICS RECOMMENDED FOR INCLUSION IN A CONTEXTUALLY AND CULTURALLY RELEVANT PARENTING SUPPORT INTERVENTION
SUB-THEME 1: PHYSICAL HEALTH, DEVELOPMENT AND SAFETY	CATEGORIES: <ul style="list-style-type: none"> – Hygiene – Healthcare – Routine – Safety of children – Planning for the child's future and budgeting (PPCs only)
SUB-THEME 2: SOCIAL DEVELOPMENT AND BEHAVIOUR	CATEGORIES: <ul style="list-style-type: none"> – Manners and respect, modelling respect – Discipline – Sexual behaviour and drug awareness (PPCs only)
SUB-THEME 3: PSYCHOLOGICAL AND EMOTIONAL DEVELOPMENT	CATEGORIES: <ul style="list-style-type: none"> – Understanding the child and positive parent-child communication – Building the child's self-esteem (CCs only) – Children's rights
SUB-THEME 4: COGNITIVE DEVELOPMENT AND EDUCATION	CATEGORIES: <ul style="list-style-type: none"> – Ensure child regularly attends school (PPs only)
SUB-THEME 5: FOUNDATIONAL COMPETENCY OF PARENTS/ PRIMARY CAREGIVERS	CATEGORIES: <ul style="list-style-type: none"> – Seeking help (PPCs only) – Becoming self-supporting (PPCs only) – Understanding the importance of parenting and co-parenting (CCs only) – Self-care and self-management

This part of the findings discusses the topics for the parenting support intervention that research participants identified during their interviews. Their recommendations are arranged according to the five domains of 'good enough' parenting: physical health, development and safety; psychological and emotional development; social development and behaviour; cognitive development and education; and foundational parental competence of parents/ primary caregivers. Each domain is further subdivided into categories to accommodate the

participants' suggestions. The order in which they are presented is arbitrary. A literature control is presented simultaneously.

7.3.1 Sub-theme 1: Physical health, development and safety

SUB-THEME 1: PHYSICAL HEALTH, DEVELOPMENT AND SAFETY	CATEGORIES: <ul style="list-style-type: none"> – Hygiene – Healthcare – Routine – Safety of children – Planning for the child's future and budgeting (PPCs only)
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The indicators of 'good enough' parenting related to the physical health, development and safety of children are presented in Chapter Three and are consolidated in Table 3.3. The conceptual framework for the well-being of children (CFCW, in Lippman et al 2009) subdivides the domain physical health, development and safety into several categories necessary for maintaining the overall health status of the child. These are: instilling healthy habits that support the child's healthy growth; keeping the child safe from accident and injury; and inculcating risk management skills for the child's protection. The two sample sets identified four common topics which were mostly consistent with those related to this sub-theme and they were: hygiene, health, safety of children, and routine. In addition, the parent/ primary caregiver group identified a fifth topic: "planning for the child's future". These categories are supported as 'good enough' parenting practices by Choate and Engstrom (2014:371), Hoghughi and Speight (1998:294), Kellett and Apps (2009), North (2013:25) and Woodcock (2003:92).

7.3.1.1 Hygiene

Parental knowledge about maintaining the child's hygiene was of concern to both sample sets. Basic neglect is often detected when children appear unwashed, have unbrushed hair, or are unprepared for school (Bailey & Kollins 2004:264), as reported by the participants in this study.

Carol (PPC) stated that hygiene needed to be a priority: *"...to teach parents about hygiene because that is the most important thing that we need here in Welbedacht East... No matter if you are staying in a shack... you must be clean. Try to be very clean. What really worries me about some of their parents, is their children... the way they look at you, the way they are dressed. Their hair... They are walking barefoot... They are so untidy".* She added: *"Maybe they want to wash their clothes... but maybe they don't have soap. I don't know!"*

The lack of cleanliness of children in the community prompted Ethel (PPC) to recommend hygiene as a topic too: *“Well guidance on cleanliness. Maybe they need geysers, but more important is that parents need to be educated. They bath in the night and then put the same dirty clothes on and wake up the next day being like that for the entire day. It doesn’t show your child that cleanliness. We want other parents to see that it is important to take care of their children’s personal hygiene.”*

Nahil (CC), too, motivated for hygiene as a parenting topic: *“Hygiene is one of the things. It is a bit of a problem here with the children... You will find that children are not bathing properly, not dressing well, and their yard is left untidy with objects around the house. Children play around not being well dressed.”*

Indicators of parental responsibility for the child’s hygiene as presented by Johnson et al (2014:119) include: preventing and treating any infections; preventing the child from being teased by others for poor hygiene; encouraging hand-washing; helping younger children to bath and brush their teeth; and supervising their toileting. The participants believed that parents/ primary caregivers needed to be taught these indicators. By promoting basic actions such as hand-washing and other hygiene behaviours, several diseases and infections in South Africa can be reduced (Lewin et al 2007:755). The lack of community-based programmes to address health issues is noted and those that are available are sub-standard (Save the Children South Africa 2015:27-28).

As reflected here, the topic of hygiene is rooted in healthcare, which was presented as a stand-alone topic.

7.3.1.2 Healthcare

In response to concerns about the health issues of the local children, both groups of participants suggested that information related specifically to care, nutrition, illnesses, and emergency care or first aid was needed by local parents/ primary caregivers.

Olga (PPC) proposed that parents/ primary caregivers, including herself, needed more information about nutrition: *“To learn about the proper way to eat. Good nutrition for my children, as I am just feeding them food. And I am not sure if it is the right food, suitable for them. All I worry about is... if their stomach is full.”*

Angel (PPC), Faith (PPC) and Vuyi (PPC) mentioned basic childcare health topics. Angel (PPC) suggested topics that would cover the basics: *“...teaching them to make sure that they*

(the children) *are always fed and have clothes on their back, and are kept warm on cold days.*" She used herself as an example that parents had much to learn about safeguarding the health of their children: *"Sometimes I want to know what children are allergic to. I will just give them anything and I don't know what food stuffs, or when I should give it to them... Ja. I want more information on nutrition."*

Vuyi (PPC) stated her recommendation for advancing knowledge and skills related to the health promotion of her child, amongst other suggestions: *"Discipline and um... child's health, eating. What else... um... preparing for the future."*

Faith (PPC) motivated that she was interested in learning about how to take care of her children, in general: *"How to take good care of my children. There are lots of different areas. Many things... uhm caring, caring for the health of my child."*

Another health issue that Angel (PPC) felt parents/ primary caregivers should learn about was when medical intervention was needed: *"When the child is really, really sick, sick, sick... and I don't know what to do, and I need information about how to handle it. Sometimes you call the ambulance and they take too long to get here, and what do you do until they get here?"*

Creating awareness about how parents could reduce illness amongst children by dressing them appropriately was proposed by Mary (CC): *"They have to learn what is appropriate for summer and winter (referring to clothing) ...'cause you see these children running around in the cold with just a short and no shoes and no warm clothes."*

Protecting the health of children is mentioned as an essential parenting indicator requiring parents to be responsible for the following (Johnson et al 2014:118): the caloric intake and quality of food children need; overseeing the child's physical care and safety; seeking timely medical or emergency care for their children; protecting their children from environmental stressors, such as second-hand smoke and pollution; and dressing them in clothes appropriate for the climatic conditions.

The parents/ primary caregivers were honest about their lack of knowledge regarding how to safeguard the health of their children. Their aspirations for learning about promoting the physical health, development and safety of their children were modest in comparison to the expectations of Johnson et al (2014:118), mainly because for many in Welbedacht East their pressing concerns were survival issues. In summary, the topics they proposed were education on good nutrition, overseeing the physical care and safety of their children, basic first aid,

knowing when to seek medical treatment for the child, and dressing children appropriately. They overlooked education about the environmental health risks that their children were exposed to, such as living in a polluted area where they were exposed to animal waste, diseased domestic animals, broken glass, and burning litter on pavements.

KwaZulu-Natal is reported to have the highest infant mortality rate amongst all the South African provinces (Coovadia et al 2009:826). The main contributing factors to infant mortality are HIV and AIDS, childbirth complications, infant illnesses, childhood illnesses, and malnutrition, that are largely preventable (Save the Children South Africa 2015:27). Major constraints in the South African healthcare system curtail the quality, coverage and bouquet of services primary healthcare offers (Atilola 2014:3; Coovadia et al 2009:828). The areas of primary healthcare that have seriously suffered included imparting health information and offering counselling, education and support to enable parents to be collaborators in maintaining the health of their children (Save the Children South Africa 2015:28). This further motivates for the inclusion of healthcare topics in the parenting support intervention.

Establishing routine is a parenting factor acknowledged to contribute to the health and safety of children (Kellett & Apps 2009:27; Moran & Weinstock 2011:177)

7.3.1.3 Routine

Routine is described as a strategy used to ensure that important functions related to the child's well-being are arranged in sequence according to a time frame (De Goede & Greef 2016:318). It is the duty of a parent to ensure that the child has adequate time to sleep, play, study and complete chores, and therefore time needs to be allocated to these activities (Moran & Weinstock 2011:177). In the absence of such a routine, there is chaos which is associated with problems in the other domains of child well-being: internalised and externalised behavioural problems of children, poor parental discipline, problems linked to the child's capacity to concentrate, and an impaired ability to follow social cues (De Goede & Greef 2016:319). For many children living in Welbedacht East there was no routine in their daily lives, as the parents themselves were not accustomed to having structure to their daily routines. A few participants therefore recommended that parents/ primary caregivers be taught how to schedule the basic wellness promoting activities.

Olga (PPC) suggested the following: *"The routine as well, I am not sure that I am doing the right thing from the morning to the evening, I don't even know if there is a proper way. That is what I want to learn... what should I be doing?"*

Using his home life as a contrasting example to the lack of structure in the lives of the children of Welbedacht East, Nahil (CC) stated: *“...they don’t do like we do. Like when I go home the children must be at home, they must have a bath, have chores to do. I see that they do the schoolwork that they have been given. Parents here, need to learn that this is important for a child.”*

Teaching parents the value of establishing routine in the lives of their children would, according to Mary (CC), facilitate the safety of children in the neighbourhood. She used the example of establishing a curfew, which would ensure that the children would be indoors before dark: *“When it’s dark the children should be indoors.”*

Whilst theoretical support for the value of parents establishing routines is mentioned as thin, there is some evidence that family routine is an essential resilience building resource, that helps to create structure, stability, and continuity in the daily life of family members (De Goede & Greef 2016:313). Authors De Goede and Greef (2016:313) discuss the lives of families who live in poverty, noting that the families that maintain high levels of organisation are less affected by unstable family dynamics typical in LSEEs. The inclusion of routine as a topic offered potential value to the parenting support intervention being planned.

How to promote the safety of children in Welbedacht East was another topic identified as relevant to the parenting support intervention.

7.3.1.4 Safety of children

The safety of children was a popular recommendation. Generally, participants wanted other parents to be responsible about protecting their children from neighbourhood risks. As typical of low-cost housing areas, the children living in Welbedacht East were exposed to high levels of violence, abuse and exploitation in their homes, communities and schools (Save the Children South Africa 2015:33).

Mary (CC) articulated that the safety of the child was the most important topic for inclusion in the locally specific parenting support intervention. It needed to be dealt with first: *“Safety of the children. Oh, first safety of the children. Once that is done... that topic of creating a safe environment for the children, then one can help them learn to make time for the children... like to be in the house together.”*

Nahil (CC) noted that parents were either negligent about or unaware of the importance of parental supervision and monitoring: *“That ‘don’t care’ attitude... you know my child is playing*

out there with the neighbours outside. It's not my responsibility. And as long as he is there. That is okay." He advocated that this be corrected through education. Carol (PPC) agreed: *"They need to know more about monitoring the child's safety."*

Dudu's (PPC) narrative mentioned the need for the protective skills of parents/ primary caregivers to avoid children becoming victims of child abuse and human trafficking: *"Like I know how to make sure about the child's safety, but others need to make sure about it. They need to learn how to teach their children more about strangers... Safety and rules about safety have to be part of the programme. Children get kidnapped and they get abused."*

The behavioural anchors of adequate parenting described in the Parent Competency Model under the category of safety (Johnson et al 2014:119) are largely first-world and include indicators such as: parental supervision to avert risk and harm to the child making use of safety devices in the home, such as smoke detectors, seatbelts and safety locks; and storing dangerous weapons and substances out of the child's reach. These indicators fail to address 'good enough' parenting indicators required for the protection of children living in a harsh neighbourhood environment such as Welbedacht East. Similar to Bailey and Kollins' (2004:259) research in the Cape Flats, the violence within the Welbedacht East homes and neighbourhoods was a daily reality in their children's lives, which was why protective knowledge and skills were needed to educate parents on how to protect their children from the risks of child and substance abuse, and human trafficking. Household accidents such as child burns, pedestrian accidents, houses burning down, and drownings were shared during interviews, but were not mentioned as issues that parents needed to be prepared to manage.

The ability of parents/ primary caregivers to satisfy the basic needs of their children depended upon their having enough financial resources, which pointed to the need for financial literacy.

7.3.1.5 Planning for the child's future and budgeting

The value of having a long-term view on planning and assisting young children to visualise positive futures is supported by literature (Gidley et al 2010:141). For those living in a LSEE, parents must be able to locate and follow "pathways" as described by Gidley et al (2010:141), which entails being able to foresee a future for their children that is carefully calculated. Despite the dire financial circumstances of the local parents/ primary caregivers, the participants recognised that planning for the future of their children was important and consequently proposed financial planning and budgeting as relevant topics for the parenting support intervention. Their explanations refer to their experiences of not being able to find

such “pathways”. The community champions, however, did not include this recommendation in their preferred list of topics.

Carol (PPC) said the following: *“Planning for the child’s future. I would also love to learn how I might do this.”*

According to Dudu (PPC), parents/ primary caregivers had to have wisdom to succeed: *“Parents have to learn how to use their money wisely so that they can do something about the child’s future.”*

As a parent/ primary caregiver, Xoli (PPC) agreed with Dudu’s (PPC) perspective that lack of planning for the child’s future was not just the outcome of inadequate finances, but also related to parents failing to motivate their children, and not having steps in place to enable them to succeed. Sharing her personal example, Xoli (PPC) said the following: *“I would like my child to know where he is going. Because they go to school, but they don’t know where they are going. Maybe that is why they don’t finish school. They go to school. They have no help or guidance. Nothing that encourages them to go forward. The child just goes to school, and comes back home, and goes to school, and does not know where they can go when they finish. Why are they studying? At least if I can start when they are young, they will understand why they are studying because that will get them to where they want to go in life.”*

A similar comment was made by Angel (PPC), who shared her concerns about not having a plan in place for her daughter: *“Planning the child’s future... since the one is going to high school next year. She has only got about another five years then I must figure out how she is getting to College. It is going to be hard for me at that time... And how am I going to make sure she has taxi fare up and down? We need to learn about these things.”*

The examples presented by parents/ primary caregivers suggest the costs of not having social networks to inform parents about resources and opportunities needed to secure prosperous futures for their children. Active linking to appropriate resources amongst vulnerable families is underscored by McArthur et al (2010:26). Information about equity scholarships, income support, technology access, and counselling enable parents/ primary caregivers to access external resources to plan for their children’s futures (Gidley et al 2010:139).

Some argue that parenting programmes are effective in communities where families are exposed to both family and neighbourhood risks (Deans et al 2016:13). They are recognised as strengthening parental resources and protective responses to counterattack the social and

physical threats that compromise the well-being of children (Deans et al 2016:13). They are known to reduce unintentional injuries to children, especially in poor countries where children are exposed to dangers such as open fires or the direct presence of waste deposits, live in close proximity to the road, rely on unclean water, or are surrounded by poisonous substances such as paraffin (all of which were identified as relevant to Welbedacht East) (Richter & Naicker 2013:25).

The recommended topics related to the social development and behaviour of children follows.

7.3.2 Sub-theme 2: Social development and behaviour

The list of categories related to parental responsibilities for shaping the child's social development and behaviour is extensive (CFCW, in Lipmman et al 2009). Parental actions indicative of 'good enough' parenting in this regard are discussed in Section 3.4.1.4 and captured in Table 3.3. They generally include: shaping the child's moral character, instilling prosocial values, nurturing both the social intelligence and cultural intelligence of the child, and prompting environmentally responsive behaviour and creating civic awareness and motivation within the child. The topics proposed by participants as related to this domain were more modest. Those common to both parents/ primary caregivers and community champions were: modelling respect and teaching parents to discipline effectively. They were the two most frequently recommended topics by both groups of participants. The parent/ primary caregiver group further proposed sex and drug education and the community champions proposed the facilitation of good parent-child communication.

SUB-THEME 2: SOCIAL DEVELOPMENT AND BEHAVIOUR	CATEGORIES: <ul style="list-style-type: none"> – Manners and respect, modelling respect – Discipline – Sexual behaviour and drug awareness (PPCs only)
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7.3.2.1 Manners and respect, modelling respect

The participants' perspectives were that parents/ primary caregivers had to model manners and respect to their children for the children to internalise and practice them. Participants from both sample sets recommended that this be included as a topic for the locally specific parenting intervention.

Ethel (PPC) motivated it as follows: *"You get some of them who don't teach their children respect or whatever!"*

The connection between the parents' behaviour and the children's behaviour was pointed out by Rekha (PPC): *"Yes, teaching children manners. I got neighbours here... The child will look the mother in the face and tell her that she is a bitch! So, it is not right for the mother to speak to the child in that way, because now the child speaks to her in that way. So, parents need to teach their children manners in this area... Something needs to be done."*

Jay (CC) expressed a similar concern: *"Parents have to learn how to teach their children with more respect. Not be so rude when they speak to them."*

For Josie (PPC), the behaviour of parents in Welbedacht East suggested that they were inappropriate role models for their children: *"I don't think that most children living here would want to model themselves on their parents. So I think the parents should learn how to make their children want to use them as role models."*

When discussing this behaviour indicator, Faith shared what one would notice if children were properly taught by their parents: *"I would see children starting to greet me and older people in a good way"*. She made the point that respect was a two-way process and something she needed guidance in as well: *"I want to know how to behave to get respect... the respect from others. I want to know how to get their respect. Parents should learn to behave like they want their children to behave."*

It is generally accepted that parental modelling influences positive and negative child behaviours. For example, parental fears (Gerull & Rapee 2002:279); eating behaviours (Brown & Ogden 2004:261); and patterns of physical activity and self-efficacy (Bois, Sarrazin, Brustad, Trouilloud & Cury 2005:381) are behaviours that are typically acted out by children. Unruly, vindictive behaviour by parents is no exception and can have a lifelong influence on children (Swick 2008:149). Teaching children to value respect through parental role modelling was a relevant topic for the parenting support intervention. Within the South African cultural context, teaching children to respect elders is identified as an important topic for parent education and is referred to as *inhlonipho*⁷ in the Xhosa culture (Lachman et al 2016:2344).

Linked to respect was the recommendation of educating parents about discipline

⁷ *Inhlonipho* is an isiZulu phrase that means to respect or honour (Oxford Living Dictionaries – isiZulu [sa], sv "inhlonipho").

7.3.2.2 Discipline

Discipline is a means of teaching children behavioural control and is a parental response that is often used ineffectively. Concern is expressed about the extent to which corporal punishment is used, because of its damaging effects on children (Atilola 2014:5; Durrant & Ensom 2012:1374; Sanders et al 2003:1; Swick 2008:149), yet it remains a prominent method of discipline in sub-Saharan Africa (Atilola 2014:5). In a study by Botha-Verhage and Jacobs (2017:206), a group of women living in a LSEE on the East Rand of Gauteng shared their struggles with discipline, either being too controlling, pleasing or pleading, and then becoming exasperated by the lack of cooperation from the child, and subsequently resorting to punitive parenting methods. Studies by both Botha-Verhage and Jacobs (2017:212) and Lachman et al (2016:2344) refer to recent changes in regulations about the use of corporal punishment by parents in their homes, expecting them to use more positive means of discipline.

There was much support for topics to address discipline and shape or correct their children's behaviour. Sphindi (PPC), as example, shared her lack of clarity about effective ways to shape her son's behaviour: *"Also, like, when the child is naughty, I want to ensure that as a parent, I know how to teach him that what he is doing is not acceptable."*

Olga's (PPC) concern was whether her methods were effective, and she wanted to be corrected if they were not: *"Something that I would say I need is... 'how to parent the right way'. Because I am not sure if I am doing the right thing. I want to know how to discipline. I would like to have that skill. I am not sure if I am disciplining my children the right way, but I discipline them."*

The South African legislative decision to outlaw corporal punishment in schools in 2006 (Umubyeyi & Harris 2012:456), and more recently the draft Bill to make corporal punishment to stop parents from using it in their homes had clearly made parents feel uneasy. It had left some participants feeling unprepared and uninformed about effective methods of controlling the behaviour of children. Corporal punishment had been the form of punishment they had grown up with.

As Kuhle (PPC) explained, reliance on corporal punishment was not her method of choice but was used because she lacked information about more positive methods of discipline: *"I would like to learn how to speak to my child... because we always spank them or give them a hiding. Is there a way that I can talk to my child without spanking them? How do we help him to understand what is wrong without hitting? He must be able to hear when I tell him something is wrong."*

Hle (PPC) and others were confused. Hle (PPC) said she wanted to be confident about what punishment was legal and explained that corporal punishment was her preferred method of discipline, but she did not want to come into conflict with the law: *"I wish that I am not scared to do what I think is right and proper... because I fear that I will be arrested. I want to be able to discipline my child the way I wish to and not be afraid at the end of the day that I will have a social worker or policeman knocking on my door, telling me I am abusing my child."*

According to Hle (PPC), there were specific occasions when she felt it was appropriate to use corporal punishment: *"Sometimes you want to hit. I want them to see that I don't like what they are doing. There is a time when you talk, and you find it is not helping. It is as if there is something else that has to be done... more than just talking."* Her position was that corporal punishment demonstrated to the child that his/her actions were unacceptable when reasoning failed.

However, in her next response she suggested that it was less about what method she used and more about meeting her responsibility as a parent to set limits and instruct them about what behaviour was inappropriate, and to do that with openness: *"I don't want to be afraid of holding back from the truth with my child... I want to be able to say, 'I don't like that'. I don't ever want to hide something from them I am not happy about... But I also don't want my child to be my enemy at the end of the day... I wish I can get help there."*

Rekha (PPC) had a similar concern: *"And how to... how do I say... if the child does something... how do I speak to the child and say what they have done without wanting to hit the child? How to discipline the child!"*

The parent/ primary caregiver group wanted information about effective techniques for disciplining children. Parents who participated in Lachman et al's (2016:2342) study similarly considered it the parent's responsibility to use corporal punishment to regulate the child's inappropriate behaviour, whilst others used a combination of verbal commands followed by violent discipline as a last resort. Others, as in Umubyeyi and Harris' study (2012:465), used corporal punishment because they lacked knowledge of alternative methods and were unsure of the effectiveness of non-violent methods. This was an issue for some of the Welbedacht East parents/ primary caregivers

Community champions were also in support of discipline being a topic for inclusion in the locally specific parenting intervention. They were more concerned about the severity and

frequency of corporal punishment they had observed in the community which had not been discussed by the parent/ primary caregiver participants.

The first community champion to suggest discipline as a topic was Grace (CC): *"...And also, parents need to be taught how to discipline children, you know!"* The concern that the discipline applied by parents was at times severe and inappropriate was raised by Dina (CC): *"I think discipline... how to discipline children... because sometimes culturally they believe that if you take the whip and hose pipe and bash the children, then that is discipline."*

As noted by Umubyeyi and Harris (2012:456), those in favour of corporal punishment argue that one can differentiate between corporal punishment used to control and correct a child, and physical abuse. Scholarly opinions such as that of Durrant (1999:456) differ, arguing that corporal punishment is situated on the continuum of violence with the distinguishing line between where punishment ends and abuse begins being unclear. Durrant and Ensom (2012:1375), in a more recent publication, cautions that child physical abuse typically occurs within the context of punishment.

Sara (CC) presented a different concern about discipline, namely that some parents were being too soft. Her narrative reflects the dangers of parents not being able to balance the roles of supporting the child and setting limits: *"I feel there is a difference between being friendly to your child and being a friend to your child. I feel that you need to be friendly to your child, but not a friend to your child. As a friend... they overstep the mark and you get disrespect back from the child. Being friendly to a child... understanding... makes a difference. And so they (parents) need to understand the difference between being friendly and being a friend."*

Sara (CC) believed in a social hierarchy where children learned to respect parents. Her concern reflected a similar theme identified in Botha-Verhage and Jacobs' study (2017:213), where parents living in LSEEs desire open friendships with their children, which often leads to inappropriate parenting associated with diffused roles and boundaries in the family system.

Consistently setting fair limits on the child's behaviour is a universal indicator of a 'good enough' parenting practice (Hoghughi & Speight 1998:294). As noted by several authors (Durrant & Ensom 2012:1374; Sanders et al 2003:1; Swick 2008:149), there is a convincing corpus of evidence confirming that physical punishment compromises the healthy development of children and therefore parents should be assisted to develop alternative and positive approaches to discipline. Several parenting programmes report success in reducing these negative and harsh parenting patterns (Al-Hassan & Lansford 2011:592-593; Özdemir

2015:123; Richter & Naicker 2013:25; Sewpaul & Pillay 2011:296; Umubyeyi & Harris 2012:450). This, therefore, appeared to be a credible topic for inclusion in the parenting support intervention for the community.

Parental knowledge about sexual abuse and substance and drug abuse is relevant to children's healthy social development and was recommended next.

7.3.2.3 Sexual behaviour and drug awareness

Parent/ primary caregivers seemed to be in agreement that information on healthy sexual behaviour and alcohol and drug awareness should be included in the parenting intervention. Their recommendation is further endorsed by several authors as a relevant intervention for high-risk families (Hope & Van der Merwe 2013:325; Nel & Roestenburg 2004:121). According to Choate and Engstrom (2014:375), substance abuse is the most frequently observed problem recognised by childcare workers, which is why parents need to understand the effects it has on the family and how to prevent it.

Ethel (PPC) noted two things: the poor example that parents set and their failure to protect their children from exposure to drugs and alcohol, both in the home and in the neighbourhood. She suggested that education could help parents/ primary caregivers to change this: *"You get some of them who don't set a good example. Their children get into drugs... alcohol too. It is so bad these children getting into drugs and alcohol... so you can't even let the child go and buy the grandparents' cigarettes. You don't know what is going on in the child's mind, no matter how big or how small the child is. They need to learn about this stuff."*

Her recommendation is supported by Choate and Engstrom (2014:375), who refer to a 'good enough' parent taking measures to ensure that the child is not affected by substance abuse in the family and "non-using" parents modelling avoidance behaviours to teach children how to avoid being drawn into experimenting with or using alcohol and drugs. To achieve this, parents need to be better informed about these topics.

An associated subject as recommended was equipping children with information about healthy sexual development.

Vuyi (PPC) changed the topic to suggest that parents needed to be prepared on how to speak to their children about sex: *"...I would like to know... How would you like, open up to the child and say 'this and that is happening because ...'? Some parents, I don't think they are shy... they just don't want to talk about it. They just wanna leave it for the child to find out herself."*

It is noted by Nel and Roestenburg (2004:118) that parents of preschool children in Soweto requested preparation on how to address sexuality issues with children, and the subject was approached by teaching children how to look after their bodies and awareness of sexual molestation.

Arming parents with accurate information to protect children from prevalent risks is consistent with the concept of empowerment education as discussed by Alimoradi et al (2017:81). The authors note that skill and knowledge development is a form of support for children. When they engage in social activities that put them at risk, they can make positive choices, which ultimately contributes to the social order of the wider community. Different organisations from different sectors offer a wide range of sexuality education services for children of different ages. Teachers in Bailey and Kollins' (2004:266) study recommended that children be introduced to sexuality education early, informing them about HIV and AIDS too. This helps to reduce prejudice and fear, commonly experienced by children around HIV and AIDS. Children acquire a better understanding about the body and how it functions, they learn the proper names of their body parts. This is important if a child is sexually molested because he/she is able to explain more precisely what happened (Bailey & Kollins 2004:266). As mentioned by Holborn and Eddy (2011:15) parents benefit from sexuality education too. Sexuality education informs them about how they can prepare their children to take responsibility for their actions; makes them conscious of how they as parents mould their children's sexual behaviour; and equips them with reliable information about safe sex and contraception, and how to pass that on to their children. The harm of not having information about sexual matters combined with poor communication between mothers and daughters is associated with teenage pregnancies and exposure to HIV (Holt et al 2012:283; Hope & Van der Merwe 2013:325; Van Zyl et al 2015:157)

There is a substantial body of evidence about prevention programmes developed to affect drug and alcohol use in children, some of which are aimed at parents (Moran et al 2004:45). The programmes address content such as developing parental 'norms' against drug use and teaching children how to assert themselves and decline offers of substances. The outcomes of such programmes are reported to be positive, and in some instances promote improved family communication, and raise the parental awareness about how their styles of parenting improves or reduces the children's responsiveness to what parents have to say so they learn to achieve greater cooperation from their children. For Nhedzi & Makofane (2015:367) substance abuse education is important for those living in LSEEs where access to resources

and services are poor. In such neighbourhoods, children are less likely to acquire reliable information on the drugs and alcohol because in the absence of services. Community-based research conducted in different disadvantaged communities in South African has confirmed the benefits of substance abuse workshops for parents and their children (Hope & Van der Merwe 2013:325; Nel & Roestenburg 2004:122)

The proposed topics for parents as related to the social development and behaviour of their children included teaching them how to inculcate manners and respect, as well as the importance of parents/ primary caregivers modelling these for the benefit of their children; discipline, paying specific attention to introducing non-physical means of behavioural control techniques and developing a balanced parent-child relationship offering support on the one hand and setting fair limits and consequences for when children break the rules on the other; and finally sexual education and substance and drug abuse awareness. Discipline presented as a pressing issue, as participants reflected that many parents were raised having experienced corporal punishment personally and were poorly informed about other options.

The third sub-theme of topics for a locally specific parenting support intervention focussed on the participants suggestions for topics that would target how parents/ primary caregivers could promote the psychological and emotional well-being of their children.

7.3.3 Sub-theme 3: Psychological and emotional development

The general categories of topics related to the psychological and emotional well-being of children typically addressed in parenting programmes are: parent-child communication (Lachman et al 2016:2347; Moran et al 2004; Wessels 2012) and promoting parent-child attachment (Lachman et al 2016:2347; Richter & Naicker 2013:22-26). Each of these categories are further broken down into related topics. They are prioritised, because a good parent-child relationship contributes directly to the child's acquisition of emotional security and social skills to enable the child to cope with life (Scott 2010:1; Swick 2008:149). The security of the positive parent-child relationship enhances the child's neurophysiological and psychological well-being (Eshel, Daelmans, de Mello & Martines 2006:991). The indicators of the psychological and emotional well-being of the child as developed for the CFCW (Lippman et al 2009:20-23) include: encouraging the child's autonomy to increase his/her self-regulation, developing the child's sense of personal agency, building the child's optimism and resilience so that the child believes that his/her life is meaningfully connected to a larger picture, and nurturing the child's faith. According to Johnson et al (2014:117), indicators of 'good enough' parenting related to the child's psychological and emotional development would include establishing a home environment where the child feels relaxed and can play, and where those

in the home generally have positive interactions. Additional indicators include creating opportunities for the child to make choices; facilitating the child's emotional expression; showing understanding and parental empathy; demonstrating acceptance, affection and love towards the child; being able to listen to the child without criticism; and avoiding emotional outbursts in the child's presence. These are covered in Section 3.4.1.4.

Participants in both groups identified topics related to educating parents/ primary caregivers about some of these indicators. Their recommendations included: how to communicate with the child; show understanding; control parental outbursts and criticism; offer love and affection; balance the parent role by not being too strict or too permissive; build the child's self-esteem; and learn about children's rights. The topics that were recommended are presented next, offering participants' motivations for recommending them for inclusion in the locally specific parenting support intervention.

SUB-THEME 3: PSYCHOLOGICAL AND EMOTIONAL DEVELOPMENT	CATEGORIES: <ul style="list-style-type: none"> – Understanding the child and positive parent-child communication – Building the child's self-esteem (CCs only) – Children's rights
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7.3.3.1 *Understanding the child and positive parent-child communication*

Whilst positive parent-child communication is known to improve the behavioural patterns of children (Lucas 2011:187-188), few parents are guided on how to achieve this (DeGraaf et al 2008:553). The community champions who promoted the inclusion of a topic to address positive parent-child communication were Grace (CC), Dina (CC), and Sara (CC).

Grace (CC) recommended the following: *“And also parents need to know how to talk to the children and how to listen to children.”* This was confirmed by Dina (CC), who simply stated: *“How to communicate with your children.”*

Sara (CC), on the other hand, expanded, recommending that parents be informed about the uniqueness of each child, learn to accept their uniqueness to promote their understanding, *“First of all... understanding your child. Recognising your child as a human being that is unique. That would prepare parents to accept that their child has a mind of his own.”*

Sara's (CC) suggestion concurs with several scholarly works such as Al-Hassan (2009:27), Eve et al (2014:114) and Johnson et al (2014:93, 95), who mention the importance of parents being helped to understand the uniqueness of each child.

The parents/ primary caregivers clearly desired meaningful relationships with their children where they would feel understood and supported, particularly when going through difficult times.

In this respect, Kuhle (PPC) said: *“Just how to speak to your child so you know what they are thinking and feeling.”* She went on to say: *“This is the most important one. How to teach them and how to speak to them. This is exactly what I want to be able to do. Really, I don’t want to be spanking my children! I would like to know how to speak to them... Others need to learn that too.”*

Finding ways to encourage children to be open to their parents/ primary caregivers was suggested by Ethel (PPC). As a single mother of three boys, she explained how she struggled to get them to open up to her: *“I have three boys. It is so hard with them. With them, now, they don’t like... boys don’t like to talk. They don’t like to speak. They say very little... with me being female. There are no fathers to help.”*

Establishing open communication with children was complicated, as experienced by Josie (PPC): *“Like most things we have spoken about... how to interact with your child more. It’s not just about playing. It’s learning about him, although he is a child. He has a lot of things he thinks about and things he doesn’t want to talk about. He does talk to me, but I don’t know if it is everything.”*

The perspectives of the two groups of participants were consistent with those of the mothers who participated in Botha-Verhage and Jacobs’ (2017:251) study. The mothers in Botha-Verhage’s study sought a greater awareness of their children and stronger relationship with their children as did the parents/ primary caregivers in this study. The difference however was that in Botha-Verhage’s study parent-child play was used to achieve the understanding and deeper awareness, whereas the participants in this study believed they needed to learn to communicate more effectively with their children and try to discover, through communication, what issues they were dealing with.

A parent’s sensitive guidance during a child’s conversation about events with emotionally-laden content assists the child to represent emotional experiences, which leads to emotional regulation (Gould & Ward 2015:3; Hsiao, Moran, Koren-Karie, Chemali, Pederson & Bailey 2011). When a child experiences a warm, consistent relationship with a parent and the parent responds appropriately to the child’s emotional expressions, the child is positively groomed for future adult relationships. The child learns that people can be trusted and develops his/her

sense of security, both indicators of healthy development (Gould & Ward 2015:3). Some suggest that mothers challenged by poverty find it more difficult to show affection and use corporal punishment more frequently than parents who are not financially challenged (Gould & Ward 2015:2). Those that can develop a positive proximal relationship between parent and child are more successful in reducing the developmental dysfunctions or lags brought about by their disadvantaged contexts (Botha-Verhage & Jacobs 2017:213; Gould & Ward 2015:5). There is evidence that these caring relationships can be taught (Al-Hassan & Lansford 2011:592-593; Cooper, Tomlinson, Swartz, Landman, Molteno, Stein, McPherson & Murray 2015; Eshel et al 2006:995). Two examples of programmes in South Africa that have had some success are the Sinovuyo (Lachman et al 2016:2346-2348) and the Mother-Infant Book Sharing programme (Cooper, Murray, Vally & Tomlinson, 2013:5; Vally, Murray, Tomlinson & Cooper 2015:865).

The child's sense of self-efficacy and competence is something that needs to be nurtured and participants therefore proposed this as a topic for the parenting support intervention.

7.3.3.2 Building the child's self-esteem

One of the deleterious consequences of poor parenting is the negation of the child's self-esteem (Daniel 1999:185; Hoghughi & Speight 1998:295). The CFCW (Lippman et al 2009:21) endorses the values of assisting the child to develop a positive self-identity, as this is associated with optimism and resilience. Parental ability to achieve this is identified as one of the indicators of 'good enough' parenting (Choate & Engstrom 2014:371). Others challenge whether this is a universal indicator of child well-being, arguing that it is based on an individualist account of human development that rests on Eurocentric psychological theories (Azar & Cote 2002:196; Le et al 2008:164-197; Bame Nsamenang 2006:295). In African cultures, more emphasis is placed on social competence and shared responsibility within the family system, rather than singling the child out for academic or singular achievements. For a group of Black parents who grew up in poverty, building up the child's self-confidence was difficult because they were not praised themselves (Lachman et al 2016:2343)

Sara (CC) promoted the idea of teaching parents the value of building the child's self-esteem. She noted the harmful consequences of parents who insulted their children, particularly in the presence of others: *"How to encourage your child...and here I think is where they (parents) should learn what they should not say. You need to have a list of 'put-downs'. Talk about these 'put-downs'... the things they should not say."* She reflected that public shaming of the child was a negative thing to do: *"And it's a bad thing for parents to show their children up in front of others. You should sit your child down and then just talk to your child."*

In Betty's (CC) discussion of bad parenting, she too referred to her unease about parents admonishing their children for bad behaviour in front of others: *"When they do discipline their children then they show off... parents take them outside the house and shout and scream at the children in front of the people and smack them."*

Research indicates that developing the child's self-worth and a positive sense of mastery assists him/her to discover his/her own personal potency, resourcefulness and independence (Eve et al 2014). Parents/ primary caregivers should be guided on how to uplift their children's self-esteem. Parenting programmes report successfully improving maternal responsiveness amongst parents of low SES (Eshel et al 2006:991; Cooper et al 2015).

The parent/ primary caregiver participants did not advocate for this topic's inclusion in the locally specific parenting support intervention. Instead, they suggested raising parents'/ primary caregivers' awareness of children's rights.

7.3.3.3 Children's Rights

It is asserted that South Africa has achieved much in terms of highlighting and documenting the rights of children (Dutsche 2006:7; Sithole & Shai 2016:109). However, Sithole and Shai (2016:109) contend that there remains a gap in what is captured in policies and what is enacted. Children continue to suffer: the abuse of children is of concern at one level, and denial of the child's most basic needs, such as family care, food, health services, and education at another level (Sithole & Shai 2016:116). Some participants considered that parental familiarity with children's rights would reduce some bad parenting practices and generally increase community advocacy of the rights of children.

Angel (PPC) tentatively proposed: *"Maybe they need to know about children's rights."* Something that Grace (CC) had suggested too, positioning it as something important: *"First the parents need to know about the children's rights."*

They were supported by Faith (PPC) and Rekha (PPC), Faith said: *"Uh... children's rights. I want to know about children's rights"*. Rekha (PPC) not only mentioned rights, but also responsibilities: *"Children's rights is good... But as much as they must know about children's rights, they also need to know about children's responsibilities."*

These recommendations for the inclusion of children's rights in a parenting intervention are in keeping with Daly's perspective (2011:9) that parents must promote the rights of their children.

Whilst Pupavac (2001:96) is more cynical about the children's rights movement, she acknowledges that when the rights of children are promoted in communities, positive morals and ethical values are more likely to be internalised by the members. In view of this, the merit of including the topic in the locally specific parenting support programme was acknowledged.

There were only three topics proposed for the parenting support intervention linked to the psychological and emotional well-being of children: promoting the parent's ability to understand the child and parent-child communication; developing the child's self-esteem; and being informed about children's rights. Understanding the child and promoting positive parent-child communication was the topic that received the most support. Only participants in the community champion sample recognised a need for parents/ primary caregivers to promote the self-esteem of children, mentioning specifically teaching them to abstain from publicly discrediting children and relying on insults to regulate their behaviour.

Topics for parents/ primary caregivers as related to promoting the cognitive development and educational well-being of children were proposed, albeit by only a few participants.

7.3.4 Sub-theme 4: Cognitive development and education

SUB-THEME 4: COGNITIVE DEVELOPMENT AND EDUCATION	CATEGORIES: – Ensure child regularly attends school (PPs only)
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The benefits of parental involvement in the promotion of the child's educational achievement and adjustment is well-established (Aboud, Singla, Nahil, & Borisova 2013:250; Moran et al 2004:50). For this reason, some parenting programmes include cognitive and educational stimulation in their agendas, and Richter and Naicker (2013:22) refer to several parenting programmes that report positive cognitive developmental outcomes achieved through the parental encouragement of learning, home stimulation, and parents engaging in learning activities with their children. Programmes conducted in low- and middle-income countries also report positive outcomes (Engle et al 2011:1339). The motivation for parental engagement in this domain of child well-being was presented in Section 3.4.1.4. The disjuncture between what is presented in literature and the perspectives of the parents/ primary caregivers and community champions was found to be the greatest within this domain. Research participants proposed only one topic related to this domain of child well-being for inclusion in a parenting support intervention: making sure the children attend school. There were several recommendations that parents/ primary caregivers be educated about how and why they

should ensure the child's regular school attendance. The community champions did not recommend topics related to this domain at all.

Dudu (PPC) said the following: *"They need to learn why it is important for their children to go to school. And they have to learn how to support the child in school."*

How Carol's (PPC) recommendation for the inclusion of this topic would make a difference in parenting was more difficult to discern. She said: *"Too many of our children are not going to school. Some are going, but when you see them going... their bags, their zips are broken... their shoes are broken."* Carol (PPC) seemed to be suggesting that parents needed to be made aware of factors brought on by poverty that may socially exclude children in schools, as this would impact on their commitment to attend school regularly. As confirmed by McDonald (2011), the school environment is one of the barriers to social inclusion for disadvantaged children.

Suggestions made are related to those of Johnson et al's (2014:116) proposal that even at a basic level of parenting, parents should ensure that their children receive regular educational tuition and support to advance academically. However, participants did not acknowledge the need to develop parenting competency beyond that. The parenting assessment model suggests that when parents create opportunities for learning, their children acquire a range of skills and interests, which promote feelings of achievement and success (London Safeguarding Children Board 2017). Benefits associated with positively influencing children's self-concept as learners and their levels of aspirations are reported by Moran et al (2004:50) too.

Poverty as experienced by parents/ primary caregivers in Welbedacht East may explain the low priority placed on developing parenting competency regarding the cognitive development and education of children. Lack of finances forced them to rationalise spending and satisfying their basic needs of food, shelter and clothing was the priority (Dunn & Keet 2012:89). Creating a positive learning environment in the home went beyond their scope. They could not create silent areas in their homes for their children that were conducive to learning, nor provide basic learning tools as illustrated in Carol's (PPC) narrative. Some reported feeling regret that they could not afford to purchase age-appropriate toys to stimulate their children's learning. Few parents/ primary caregivers made time to read to or play with their children, even the very young children. Lack of transport prohibited them from becoming involved in their children's schooling. These deficits in parenting actions were contrary to the indicators of the CFCW (Lippman et al 2009:20) and the Parent Competency Model (Johnson et al 2014:116). The

indicators of 'good enough' parenting as related to promoting completion of foundation phase education, academic achievement, academic self-concept, positive attitude towards learning, and school engagement were not prioritised in the parenting support intervention (see Table 3.3).

A possible second explanation for the lack of interest in learning about this domain as proposed by Dermott and Pomati (2016:131) is the social exclusion that the poor experience within the educational system. As explained, poorly educated parents may be challenged to engage with their children's school activities, because they lack the knowledge to do so and feel uncomfortable engaging in school-related activities or communicating with the school, for fear of being judged. To these challenges, one may add lack of finances, as mentioned by other authors, that preclude them from engaging in school activities (Khanare & De Lange 2017:5; McDonald 2011).

A different perspective is offered by Romagnoli and Wall (2012:285), who found that in their study low-income mothers who attended parenting programmes with a cognitive component questioned the relevance of stimulating cognitive development through toys and programmes, arguing that these coerced children to grow up too quickly. Although it refers to economic status, this perspective overlaps with the cultural explanation presented by Bame Nsamenang (2006:296). He postulates that the way children learn differs according to culture. Whilst Eurocentric perspectives promote the actualisation of individuals through encouraging academic progress in preparation for academic pursuits outside of the home, African values adopt a different approach. African parents rarely instruct, or prompt their children to learn. Instead, they expect them to discover knowledge and skills as they go about their daily routines interacting with family members and their community. Cognitive development is viewed as a natural process, as each child is born with an innate ability to acquire knowledge and skills to participate and respond responsibly within the world. Therefore, topics about promoting the cognitive stimulation of children were not a priority for the parenting support intervention.

The last sub-theme is associated with topics related to enhancing the foundational competence of parents/ primary caregivers.

7.3.5 Sub-theme 5: Foundational competency of parents/ primary caregivers

Research findings suggest that parental distress and mental illness, substance abuse, and disrupted family life are strongly associated with the early onset of conduct problems in children (Furlong, McGilloway, Bywater, Hutchings, Smith & Donnelly 2012:3). Therefore,

parental competency and parental psychological health are regarded as important indicators of 'good enough' parenting. The foundational competence of parents that impact on parenting practices were mentioned in Section 2.6.1.1b and in less detail in Section 3.4.1.4. The Child Assessment Framework (Crawford 2011:21) refers to "parenting capacity" but does not specify exactly what constitutes a healthy psycho-emotional frame of mind needed to adequately perform parenting functions. Other works are more explicit. As example, Woodcock (2003:92) refers to the parents' need to address their personal past experiences of being parented by reviewing the deficits of their own parents' functioning, and Kellett and Apps (2009:27) advocate that 'good enough' parents should acknowledge when they need help. Johnson et al (2014:114) offer more specific indicators which include: the parents' willingness to seek treatment when others express concern about them, their ability to manage personal feelings, a strong positive self-concept, and a realistic appraisal of themselves as parents. Several parenting programmes note the importance of including these in their programmes and have done so with positive results (Moran et al 2004:77; Richter & Naicker 2013:26). Both participant groups recommended several topics which would contribute to the parents'/primary caregivers' parental foundational competence, but these did not overlap at all.

SUB-THEME 5: FOUNDATIONAL COMPETENCY OF PARENTS/ PRIMARY CAREGIVERS	CATEGORIES: <ul style="list-style-type: none"> – Seeking help (PPCs only) – Becoming self-supporting (PPCs only) – Understanding the importance of parenting and co-parenting (CCs only) – Self-care and self-management
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The table reflects that the two participant groups recommended different topics, but when discussed it will be seen that they overlapped. The parent/ primary caregiver group wanted parents/ primary caregivers to receive information about support and resources so that they would know where to source help, and how to develop skills to become self-supporting. The community champions proposed that parents/ primary caregivers needed to learn parental self-care and parental self-management and understand the importance of parenting and co-parenting.

7.3.5.1 *Seeking help*

Parents who experience problems and are unable to change the situation on their own should be willing to ask for help (Eve et al 2014:118; Johnson et al 2014:113; Kellett & Apps 2009:31). Finding help may be difficult when disadvantaged because, as mentioned by Hope and Van der Merwe (2013:321-324), marginalised families typically experience isolation, detachment

and exclusion from family and the broader community. This further precludes them from interacting with others who can inform them of where to find the resources and support they need. It is pointed out by Sousa (2005:175) that professionals should facilitate the connection of disadvantaged families to new contacts and systems of support. In the absence of family support, service providers are the next most accessible form of support for families living in disadvantaged circumstances when the family network fails. This is supported by South African studies of families living in LSEEs (Hope & Van der Merwe 2013:321; McLea & Mayers 2017:436; Simpson 2003:157; Strydom & Tlhojane 2008:45).

It seems as though Carol (PPC) understood this and her suggestion was as follows: *“I think they need to learn this, where to get help. In our community maybe there are social workers or counsellors that they can go to. They need to know where help is available. Even surrounding pastors can help them with their problems.”*

The importance of strengthening support networks for families is mentioned as imperative in addressing the needs of vulnerable communities (Caruana & McDonald 2011:5; Hoghughi & Speight 1998:296; Strydom 2012:447). Unfortunately, vulnerable families are the least likely to access social support networks (Katz et al 2007:9). Therefore, families who are at risk should be empowered to access resources (Katz et al 2007:9). Yet, as noted by Strydom (2012:447), this is a seldom applied social work intervention. Authors Katz et al (2007:9) mention the reluctance of families who are at risk to seek professional help and propose that community members be involved in fulfilling this role rather than professionals (Katz et al 2007:9). It was unclear how this topic would be accommodated in the parenting support intervention, but it was noted.

Topics that would lead to the empowerment of parents/ primary caregivers to enable them to become self-supporting was the second proposal of the parent/ primary caregiver group.

7.3.5.2 *Becoming self-supporting*

In response to the high rate of unemployment and poverty, a significant number of vulnerable people resort to income generating strategies to survive (Raniga & Ngcobo 2014:516; Strydom et al 2017:1520).

Some members of the parent/ primary caregiver participant group suggested that parents, particularly mothers, be taught to be more self-supporting and self-reliant. Vuyi (PPC) said that times had changed, and it was no longer feasible for women to stay at home to raise children; they had to consider ways to earn their own income to become more self-reliant:

“...just to make everything easier. They can’t always depend on someone else, on their husbands. They need to get skills... So what I am trying to say is, just because in those days it was ok for women to stay at home and do everything in the house, but now you can’t just rely on your husband to do everything for you. You can wake up and do everything for yourself. Like be independent... That is what I am planning. I am just going to be independent. I can’t rely on someone.”

Josie (PPC) supported this by saying: *“You should be teaching the women skills so that they can afford to look after themselves and their children. Most of the women, the only roof over their head that they and their children have, is the one that their partner or husband is providing.”*

To empower women living in LSEEs, Jordan et al (2014:404) motivate that they should be linked to resources to enable them to access training, skills development programmes, and opportunities to complete their secondary education or even post-schooling and higher education. However, Simpson (2003:157) found in her study that participants expected social workers to arrange workshops to teach skills that would be useful as income generating activities, together with other skills such as how to convene a meeting, how to raise funds, and how to develop cooperation amongst members. This was confirmed in Strydom and Tlhojane’s (2008:43) study where participants considered the acquisition of such knowledge and skills to be a proactive means of alleviating poverty. Several authors note that self-employment/ income generation is difficult amongst vulnerable groups, because when living in poverty these activities are difficult to sustain (Raniga & Ngcobo 2014:523; Simpson 2003:157; Strydom & Tlhojane 2008:41).

The narratives of the participants appeared to point to something deeper than generating an income and implied empowering women from their oppressed and subordinate position and conditions, as discussed by Raniga and Mathe (2011:34). The participants’ perspectives were that income generation skills would increase their life opportunities and help them to achieve upward social mobility. This therefore was considered as a possible component of the locally specific parenting support intervention.

Parenting is recognised as a commitment to promoting the well-being of the child. Concern was raised throughout the study that parents/ primary caregivers were not conscious of what their responsibilities to their children were and therefore had to learn these.

7.3.5.3 *Understanding the importance of parenting and co-parenting*

As proposed by Eve et al (2014:118), good parenting depends upon parents recognising the necessity of meeting the everyday needs of the child in addition to the more complex, long-term ones. This requires putting the child first (Kellett & Apps 2009:27).

Few children had the benefit of involvement from their fathers. The incidence of single mother households in Welbedacht East was 48 per cent, higher than the national figures of 40 per cent (eThekweni Municipality 2013:20; White Paper on Families in South Africa 2013:24), indicating that children were not being put first, because the healthy development of a child requires active involvement of both parents (White Paper on Families in South Africa 2013:24).

Sara (CC) proposed that parents be taught the importance of parenting, stressing that the role of fathers be recognised as important too: *"...the importance of being a mother, that is very important. But it is important for the child to have a father too. We must talk about parents, mothers and fathers. A father is not only a provider and protector, but he is also supposed to be someone who is there for the child!"*

The children growing up in absent father households experience both direct and indirect losses. Direct losses are observed in their dropping out of school at an earlier age; poorer educational achievement; lower levels of self-confidence, especially amongst girls; and poorer adjustment and behavioural control, especially amongst boys. The indirect losses include the loss of support for the mother, which affects all major decisions regarding the health and education of the children (Holborn & Eddy 2011:4). Lack of contact with a parent generates feelings of loss and abandonment (Hope & Van Der Merwe 2013:320) and increases the child's risk of emotional disturbances and depression (Holborn & Eddy 2011:4).

There is little evidence of whether parenting programmes aimed at fathers are effective (Moran et al 2004:73), but some research suggests topics to achieve positive co-parenting: encouraging the child's healthy relationship with both parents, refraining from criticising the other parent, avoiding contradicting the co-parent's authority, respecting the co-parent's resources and best efforts to provide for the child, and promoting the child's ongoing engagement with the co-parent's extended family (Moran & Weinstock 2011:174). These were potential issues that could be addressed in the parenting support intervention.

A strong recognition of the importance of the self-care and self-management of parents is closely associated with 'good enough' parenting, because in the absence of this children suffer.

7.3.5.4 Self-care and self-management

Both physical and mental health affects parental capacity to attend to the needs of the child (Choate & Engstrom 2014:375). Earlier reference was made to the positive indicators proposed by Johnson et al (2014:114) as related to the foundational competence of parents, such as the need to be hygienic, manage their stress, and pay early attention to health issues that present (see Section 3.4.1.4).

Community champions proposed that topics related to these themes were needed for the Welbedacht East parents/ primary caregivers, because for parents to meet their responsibilities to their children they had to be “well within”. As suggested by Dina (CC), parents/ primary caregivers had to be helped: “...to do what it takes for them to be happy.”

She shared the value of a contented parent/ primary caregiver in a child’s life, sharing the observation of one of the foster children she worked with: *“I am thinking of what one of the little children said to me. He said that when looking at his foster mother he would like to see a happy foster mother. They need to know how to be happy parents... they have to learn to look after themselves. What they need to do to be ‘well within’. They have children from all walks of life and they do need to know how to deal with these children, where none of them are perfect.”*

Sara’s (CC) observations highlighted the value of parents/ primary caregivers knowing how to take care of themselves and be able to balance other relationships in the home, particularly the relationship between the mother and her partner. The importance of a parent making space for a child in their lives is noted by Choate and Engstrom (2014:371). It appeared to be feasible to address parental self-care to some extent in the proposed parenting intervention.

Sara (CC) dwelt on the need for parents/ primary caregivers to balance their responsibilities towards their children and themselves based on her observations that parents/ primary caregivers placed their needs before those of their children: *“Also I think um... if they could... how should I say this? It is building a schedule so that there is time for the children and time for themselves.”*

As indicated in Eve et al (2014:119), parents need to be helped to accept that sacrifice and protection are associated with positive parenting decisions.

Self-care of parents was not identified as a potential topic by the parent/ primary caregiver group, despite evidence that single parents who need income support are more likely to experience mental health problems, substance misuse, physical health problems and trauma, and these impact on their abilities to oversee their children's healthy development (Winkworth, McArthur, Layton and Thompson 2010:207). The benefits of the inclusion of self-care topics for parents in parenting programmes are documented (Özdemir 2015:123; Sampaio et al 2015:1035; Sanders, Cann & Markie-Dadds 2003:165). Such programmes assist parents to manage emotions such as depression, anxiety, and parenting stress. Evaluations of these programmes note short-term improvements in areas such as parental depression, anxiety, stress, anger, guilt, self-confidence, and in the partner relationship (Richter & Naicker 2013:26). Given the evidence of the poor parenting practices that the Welbedacht East parents/ primary caregiver experienced whilst growing up, and the nature of their social realities and environmental stressors, this topic had relevance for the locally specific parenting intervention.

The contextual stressors as experienced by Welbedacht East parents/ primary caregivers were discernible in their recommendations of topics for the proposed parenting support intervention. There were more commonalities than differences amongst the suggestions of the two participant groups. Recommended topics were mostly in keeping with topics included in popular parenting programmes. The parent/ primary caregiver group weighted their priorities differently, mainly because their daily survival issues consumed their energy and time, which they wanted and needed to change.

This concludes the information gathering and synthesis phase based on the interviews conducted with parents/ primary caregivers and community champions. Whilst many of the problems that parents/ primary caregivers in Welbedacht East encountered were deeply rooted structural factors, such as poverty and social exclusion, it was evident that a parenting support intervention would not be able to reverse these. However, it was hoped such an intervention would help to reduce some of the stressors experienced by parents/ primary caregivers and increase their ability to achieve the 'good enough' parenting indicators that they wished to aspire to. In the explanation of parenting support interventions, Richter and Naicker (2013:15) mention that parenting interventions do not only target direct parental behaviour, but also include other characteristics such as giving parents social support, aiding them to find employment, and offering practical ways to minimise the stresses that interrupt their 'good enough' parenting. Therefore, as postulated by Fraser and Galinsky (2010:463), some of the poverty-related factors the participants shared could be addressed, whilst still including contextually and culturally relevant parenting topics as identified in literature.

7.4 PART 3.3 OF THE FINDINGS: THE DEVELOPMENT OF THE AIMS AND TASK GOALS OF THE PARENTING SUPPORT INTERVENTION, STEP 4 AND 5 OF PHASE 1 OF THE IDD

This section addresses the Part 3.3. of the findings. It commences with an explanation of the research process that was followed to reach the findings of what the locally specific parenting support intervention should aim to achieve and what its objectives should be.

As explained by Strydom et al (2005), goals and objectives need to be set for an intervention to complete the last step, Step 5 of Phase 1 of the IDD Model (see Table 1.3, reflecting the research technology as would be used on Phase 1 of the IDD). The purpose of this step in the IDD is to take the general idea of what must be changed and convert it into more specific tasks (Fawcett et al 1994:25). Remaining true to the principles of social inclusion as discussed in Section 2.4.2 and the researcher's commitment to staying culturally competent during the research as presented in Table 4.6, research participants and service providers of Welbedacht East were engaged in this process.

The remainder of this chapter addresses the outcomes of this process, which helped to reformulate the research findings into objectives and tasks for a locally specific parenting support intervention for parents/ primary caregivers in Welbedacht East. This section presents the emergent objectives for the locally specific parenting support intervention; the outcome of the consultation workshop; and the goals and task objectives that were developed for the intervention.

7.4.1 Emerging topics for a locally specific parenting support intervention based on the findings of research participant interviews

Clearly, the conditions of poverty and the poor living conditions as experienced by the parents/ primary caregivers of Welbedacht East were typical of many other South African parents (Gould & Ward 2015:1). Their issues were related to their daily survival (Dunn & Keet 2012:82). The basic infrastructure of Welbedacht East was poor, which further challenged the abilities of parents/ primary caregivers to secure the resources they needed to care for their children. Many of their issues were of an intergenerational nature (Hope & Van Der Merwe 2013:324). The parents/ primary caregivers desired more than the structured parenting education programme envisaged at the outset of the study.

Although the benefits of parenting programmes for high-risk parents are considered effective for improving parental practices and protecting children from the harmful effects of such social realities (Bunting 2004; Gould & Ward 2015:1; Richter & Naicker 2013:5; Ward & Wessels 2013:62), evidence of “treatment failure” amongst parents living in high-risk situations also exists (Axford et al 2012:2061). The neediest parents are identified as those whose attendance and engagement are characteristically poor (Axford et al 2012:2063; Whittaker & Cowley 2012:138). The risks associated with failing to adapt parenting programmes to different cultural and socio-economic contexts are reiterated throughout this report. The intention was to take heed of this and design an intervention that would meet the Welbedacht East parents’/ primary caregivers’ needs, following an empirical process, using the IDD.

Three factors, as identified by Mejia, Calam and Sanders (2015:1008), were given consideration: the interventions had to be useful for the potential users; be of interest to them; and be relevant to their needs. Given the multiple disadvantages the parents/ primary caregivers had to contend with, it was unlikely that they would find a parenting programme useful, of interest to them, or relevant to their needs (Mejia et al 2015:1008; Moran et al 2004:10). The parents/ primary caregivers needed more than an intervention to shape their thoughts and actions and teach them how to parent (Richter & Naicker 2013:15). Instead, the findings pointed to their needs, wants, and interests to develop practical skills to manage their stressors and improve their circumstances. The focus had to extend beyond the micro-system factors (proximal processes) (see Section 2.6.1) and target some of the meso- and exo-system level stressors (distal processes) (see Section 2.6.2 and 2.6.3) as had been identified in the findings.

Recommendations of resources and topics required for the enhancement of parenting practices in Welbedacht East pointed to the parents’/ primary caregivers’ need for increased support to cope with their multiple internal and external stressors (Teixeira de Melo & Alarcão 2011:400). Developing wider interventions for vulnerable parents living in poverty is supported by other scholars (Moran et al 2004:81; Nel & Roestenburg 2004:121-122; Richter & Naicker 2013:15; Strydom 2012:438-439). For a parenting intervention to be successful in this context, the pressing stressors, which were lack of finances, low employment opportunities and the strain these placed on parents, had to be addressed before attention could be given to parenting issues, according to Grimes and McElwain (2008:224). Other authors, too, suggest that families living in LSEEs need a range of interventions, many of which are practical (Moran et al 2004:81; Richter & Naicker 2013:15; Strydom 2012:444).

Based on the findings presented in Chapter Five, Chapter Six, and those in Section 7.2 to 7.4 of this chapter, the proposal for the potential parenting support intervention would include the following:

- A preventative and early intervention to enhance parenting practices. As noted by Deans et al (2016:13), early intervention programmes assist parents to strengthen their personal resources and build up their protective responses to cope with their poor socio-economic and environmental circumstances. They also report better and more durable outcomes (Richter & Naicker 2013:29).
- A more contextual intervention, rather than one of the universal parent education programmes, to target the practical needs of the high-risk parents/ primary caregivers, making sure that they experience tangible outcomes to address their most pressing needs (Dumka et al 1997:26; Richter & Naicker 2013:29).
- A holistic intervention, one that extended beyond parent education, because of the multiple factors that were compromising the parenting practices of parents/ primary caregivers (Nel & Roestenburg 2004:122; Richter & Naicker 2013:29; Strydom 2012:438).
- An empowering intervention that would enable parents/ primary caregivers to improve their personal agency to confront some of the barriers which prevented them from satisfying their ideals of 'good enough' parenting.
- An intervention that would increase support for and the social inclusion of parents/ primary caregivers.
- An intervention that expanded psychosocial education beyond parent education to include financial literacy skills, income generation skills, self-awareness, and improved self-care.

Essentially, the findings as presented in this chapter refer to Step 3 and 4 of the IDD, identifying and analysing the concerns of the research participants and, more specifically, their recommendations for a contextual and culturally relevant and locally specific parenting support intervention. The broad characteristics identified for the parenting support intervention, as discussed, had to be verified by the participants and service providers. This was accomplished at a consultation workshop. The process that was followed to execute the consultation workshop and its outcome will be presented in the next section.

7.5 PHASE 1: STEP 5 OF THE IDD – THE SETTING OF GOALS AND OBJECTIVES FOR THE LOCALLY SPECIFIC PARENTING SUPPORT INTERVENTION

Step 3 and 4 of Phase 1 of the IDD were accomplished in preparation for Step 5, the setting of goals and objectives for the locally specific parenting support intervention (Fawcett et al 1994:25; Strydom et al 2005). The final step of Phase 1, Step 5, involved establishing the goals and objectives for the intervention (Fawcett et al 1994:29). Three steps were followed to achieve this:

- The research findings as mentioned above had to be consolidated and presented to the community at a consultation workshop.
- The findings had to be augmented with a summary of literature about parenting interventions that were culturally sensitive, relevant to the contextual realities of parents living in a vulnerable community, and relevant to the findings that were generated.
- A broad goal and tentative task objectives had to be agreed upon.

The consultation workshop process and findings, as will be presented, were largely responsible for developing the goals and objectives for the locally specific parenting intervention.

7.5.1 The consultation workshop

The first step was to present the consolidated findings to the community at the consultation workshop, which is acknowledged as good practice, because it affords potential users of the intervention an opportunity to be involved in the development of the initial design at a very early point (Bailey-Dempsey & Reid 1996:214). This was consistent with the ethos of the study. Discussions between stakeholders, service providers, parents/ primary caregivers, and community champions were intended to delineate the broad aim for the intervention and formulate this into task goals (Strydom et al 2005).

The information gathered during the consultation workshop is presented to demonstrate how the aim and task objectives were achieved.

7.5.1.1 *The consultation workshop programme*

The process followed for the consultation workshop is outlined in Section 4.5.3.11. The outcomes of the discussions of each of the five topics as discussed in small groups are presented, integrating the general audience responses.

7.5.1.2 *Participants' recommendations of topics for inclusion in the locally specific parenting intervention*

A summary of each group's concerns about parenting issues as related to each of the domains of parenting is listed, namely physical health, development and safety, psychological and emotional development, cognitive development and education, social and behavioural development and parental foundational competency. This is followed by a summary of the salient themes related to the parenting topics they recommended with extracts from their discussions and in conclusion the interventions they recommended are listed. The main themes discussed by each group are tabulated.

Table 7.3: Themes presented by the consultation workshop groups

THEMES CAPTURED	GROUP 1: COGNITIVE DEVELOPMENT AND EDUCATION	GROUP 2: PHYSICAL HEALTH, DEVELOPMENT AND SAFETY	GROUP 3: FOUNDATIONAL COMPETENCE OF PARENTS/ PRIMARY CAREGIVERS	GROUP 4: SOCIAL DEVELOPMENT AND BEHAVIOUR	GROUP 5 PSYCHOLOGICAL AND EMOTIONAL WELL-BEING
Parenting issues	<ul style="list-style-type: none"> – Poor cognitive stimulation and development of child – Poor endorsement of school attendance – Loss of values - acculturation 	<ul style="list-style-type: none"> – Poor nutrition – Poor hygiene – Inappropriate housing – No routine/structure – Vague boundaries – Harsh discipline – Poor monitoring of child's safety 	<ul style="list-style-type: none"> – Parental stress: finances; physical abuse; poor social support; neighbourhood threats – Poor control of emotions – Poor skills development: income generating activities 	<ul style="list-style-type: none"> – Parents are poor role models – Poor socialisation of children: manners – Loss of cultural/ religious morals, identity 	<ul style="list-style-type: none"> – Poor understanding of child and child's needs – Limited affection/parent-child engagement – Self-focussed parenting – Lack of order/structure in the home – Convey pessimism instead of hope
Recommended topics	<ul style="list-style-type: none"> – Stimulating intellectual development of child – Importance of school attendance 	<ul style="list-style-type: none"> – Nutrition – Hygiene – Establishing routine – Setting limits/ fair discipline – Monitoring safety 	<ul style="list-style-type: none"> – Life skills development – Emotional regulation – Stress management – Getting help/ health seeking behaviours 	<ul style="list-style-type: none"> – Parents as role models – Ethnic/ religious pride – Children's rights/ responsibilities – Age-appropriate chores 	<ul style="list-style-type: none"> – Importance of love/affection – Creating stability/structure – Religion/hopefulness – Acceptance of child's uniqueness
Interventions suggested	<ul style="list-style-type: none"> – Psychosocial education: service providers – Parent support group 	<ul style="list-style-type: none"> – Micro: psychosocial education – Meso: parent support group – Exo: community awareness: road safety; sexual abuse – Macro: revisiting housing policies; health policies 	<ul style="list-style-type: none"> – Psychosocial counselling – Support groups – Income generating activities 	<ul style="list-style-type: none"> – Psychosocial education: service providers – Parent support group – Increasing social cohesion: cultural groups 	<ul style="list-style-type: none"> – Psychosocial education: service providers – Parent support group – Increasing social cohesion in the community

The presentations are discussed according to the order they followed during the consultation workshop.

Group 1: Cognitive development and education

The summarised responses to the three topics discussed are presented commencing with the parenting issues that were of concern to them.

- **Parenting issues:** Group 1 noted the failure of parents/ primary caregivers to promote their children's cognitive development and education, ensure their children's school attendance, or endorse religious and cultural values.
- **Recommended topics:** Group 1 motivated for parents/ primary caregivers to be taught about: the child's development; making sure child attends school; promoting the basics of child literacy such as counting, colours, shapes, and reading; and cooperating with the child's school. They included an additional parenting indicator that was not on their list of parenting indicators, namely teaching the child religious and cultural norms and values.

The spokeswoman in the presentation mentioned parental responsibility for stimulating the basics of child literacy in the home. She shared that parents could be taught to create their own educational tools to use at home, such as flash cards. She explained: *"You don't need money to do that. You can take the papers, you can cut them, you can put them in a box and make the children do their own thing. That is how you can help to educate them."* This recommended topic was related to the educational attainment and educational achievement of children as presented in the CFCW (Lippman et al 2009:20).

Group 1 removed the indicator "taking the child to interesting places" from their list and the spokeswoman explained: *"We are not saying that this is not a good thing, but we were thinking of the poverty. The parent does not have the money to do that."* Her group suggested that parents be encouraged to make use of their own spaces for teaching the child interesting things. She presented this example: *"They can have their own picnic in their own back yard. Doing small things like that, help the parent to teach the child different kinds of things."* This represented a view characteristic of an African perspective that learning is incidental, related to shared routines in the home, rather than focused on school-based learning (Bame Nsameng 20007:296).

Explaining the importance of parents ensuring that children attended school regularly was followed by a comment related to parental responsibility for supervising homework. In discussing homework, the space problem was raised and this is how the spokeswoman represented the group's perspective: *"We understand that space is a problem, but you can also create a temporary study area. Where the child will know that during a certain time they have this study space and then the parent moves the things so that the child can be there until the homework is done."* This was met with resistance from others. One parent explained: *"No, no, where I come from there is a one-roomed house. That room is the bedroom, lounge and kitchen. The houses are crowded. There are many people living there. There are three or four children. It is noisy."* The audience discussion indicated that housing designs were not conducive to children being able to complete school tasks in the home.

The last topic as advocated by the group was instilling religious and cultural norms and values: *"We added teaching the child religious and cultural aspects. When we are talking about the cognitive and intellectual development of the child, obviously, we are looking at the child as a whole. I want my child to act according to my religion or culture. I have to teach the child to deal with those things. Because for instance, if I am a Christian, as a Christian I have to respect an elder, and so the child must grow up knowing that he has to comply with the religious and cultural aspects."* This suggestion is normally related to the social development domain (CFCW, in Lippman et al 2009:21), but the group clearly recognised culture and religion as relevant to several domains of child well-being.

- **Suggested interventions:** Group 1 listed two interventions: psychosocial education, which could be presented by different service providers, and the formation of a parent support group.

The parenting issues, recommended topics, and interventions for improving parenting practices are consolidated in the diagram.

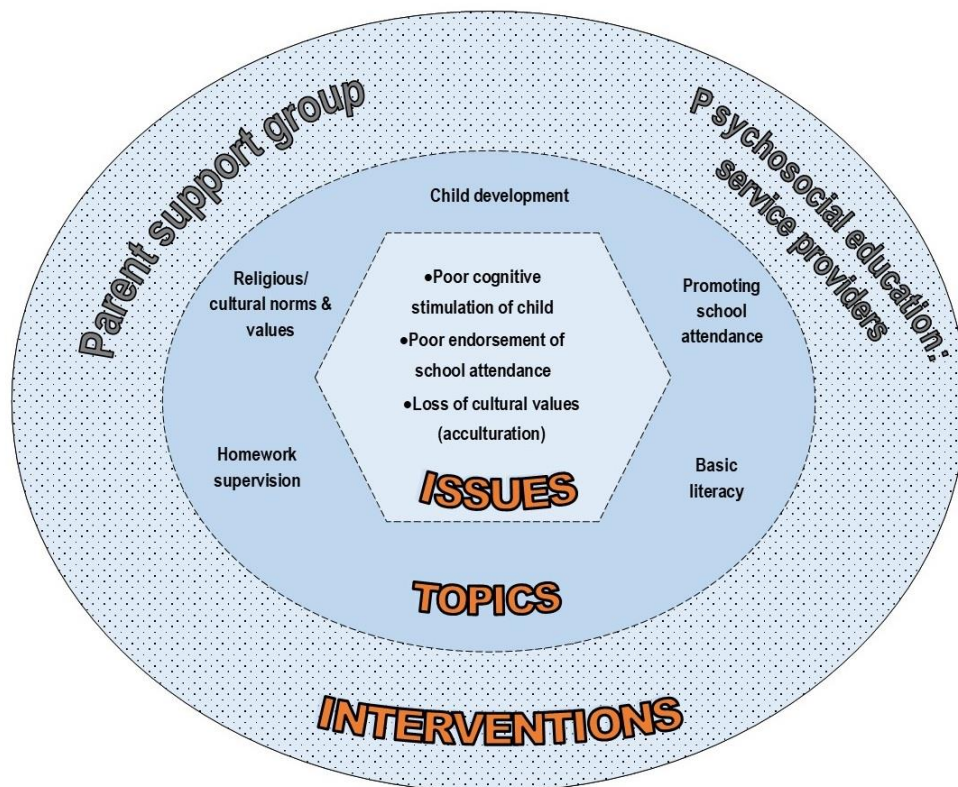


Figure 7.1: Interventions to improve parenting practices to facilitate the cognitive development and education of children in Welbedacht East

The group presented more suggestions than those gathered from the interviews. This may be explained by the inclusion of service providers who were better educated and better informed about the value of stimulating the child's development. The only recommendation that had been made by parents/ primary caregivers was that parents/ primary caregivers should encourage children's school attendance. The group's suggestions were aligned to the two parental processes recognised as contributing to child academic achievement: creating a stimulating and supportive environment for children at the start and adapting the home environment to meet the child's academic needs (Davis-Kean 2005:303). The parents/ primary caregivers in the audience resisted suggestions related to the second process, namely adapting the home environment to increase academic success. They referred to the structural constraints, overcrowded houses, and financial hardship that made this suggestion unrealistic. Their endorsement of cultural and religious norms and values under this domain could be an indication of the need to regain social control in the community.

The second domain of parenting as presented by Group 2 relates to suggestions about interventions to enhance parental responsibility for the physical health, development and safety of children.

Group 2: Physical health, development and safety children

Group 2 supported the parenting indicators as identified in the parent/ primary caregiver and the community champion interviews.

- **Parenting issues:** The indicators Group 2 identified as needing remediation were feeding the child healthy food; taking care of the child's hygiene; providing the child with a secure home; monitoring the child's safety; establishing routine in the child's life; and setting boundaries/ using constructive discipline. In his introduction the spokesman referred to all of these problems: *"The children are not fed properly. The parents are poor. The children are dirty and have got itchy skin patches. Their clothes are dirty. No one looks to see that they are safe. They play on the roads till late into the night. No one calls to see that they are ok. There is no order, no clear rules. When they do wrong, they don't even know. Some parents take their frustrations out on the children and are given hidings. This does not teach them what is right and wrong. So all of these things need to be taught to the parents!"*
- **Recommended topics:** On introducing the recommended topics, the spokesperson mentioned nutrition, hygiene, establishing routine, setting limits and using fair discipline, and monitoring the safety of children. When introducing the topics, he said: *"We discussed all these principles. I shall say it is principles that parents must see to. We saw all of them and decided that all of them are beautiful. All of these are problems in our community."*

His discussion, however, pointed to the reality that parenting programmes on their own would not be sufficient to meet the physical and safety needs of the children in Welbedacht East, as structural factors were often responsible for compromising parenting practices. He used health, housing, and child safety as examples.

In discussing hygiene and health, the spokesman pointed out that the size of the government dwellings created problems. He mentioned that overcrowding led to *"the spread of infectious diseases like Tuberculosis."* Another example he gave was: *"In this area, there is a lot of animals which are stray animals... Some of them you can see are sick, very, very sick. And those animals, now they can... you know, pollute the area..."*

and the children can end up being sick because you know children are people who like to touch." Acknowledging that animal institutions visited the area once in every two years to vaccinate domestic animals, he pointed out that it was not sufficient to contain the infections caused by the diseased animals.

In discussing the medical needs of children, he raised the challenges about not having a clinic in the area: *"So obviously it becomes a political issue. But we shall just have to stand up and say that clinics are very important. We got no clinics in the area. Just recently, you know the clinic that has been operating at the Ashram is no longer working. We motivate that since the area is as big as this... we have to... each section should have this thing... a mobile clinic."* He went on to talk about the limitations of the current mobile clinic which did not offer services daily. Illustrating the reality of this arrangement he pointed out: *"You tell me... you were sick from last week, Thursday. You have to wait now until Wednesday before the clinic comes. What if your health does not improve? You will have to wait a whole week before you get a reference for going to the hospital!"*

His group considered the issue of road safety a serious one. Although group members felt that parents/ primary caregivers should be guided on how to impart road safety skills to their children, other measures needed to be taken in the community to address the problem. The spokesman motivated for more intensive support from the authorities: *"Many children have been knocked down by cars while they are going to school. And even at night."* He referred specifically to two dangerous intersections: *"You know there near Nomsama (referring to the only school in the community) and Welbedacht Road... And there is another busy area called Bus Rank, at the end of this place. We feel that there should at least be traffic controllers there. And we also suggest that there should be this... uh... the hosting of safety awareness campaigns in the area. These can be offered by relevant departments."*

One participant in the audience added that the safety of children in their own homes was of serious concern. She noted that many of the women in the community were single mothers and the biological fathers were estranged. Her concern was that when the women formed relationships with other men, the men moved into their homes and the mothers neglected their children: *"The 'new father' is not there to be a father to the children. They are there to have a relationship with the mother... they demand a 100 per cent of her attention and this is where the children end up being neglected. Like you see, these children on the road, alone or in dangerous places, because the adults want the space for themselves... So, I think that parents have to be taught that it doesn't*

matter if the partner is gone. They need to first make sure that they have a healthy tree (home life) so that they can produce the health fruits (healthy children)." Another member clarified: *"They want space for themselves and these one-roomed houses are open, and the children can see everything."*

A member in the audience referred to the absence of social cohesion and neighbourly concern for the children living in Welbedacht East, which made things worse. This created a heated discussion from the wider audience about the need to teach parents/ primary caregivers to protect their children and keep them out of danger. A pertinent observation made by a member was: *"The community must come to the parent when the parent is neglecting the children."* There was consensus that community members should be responsible for protecting all children and supporting parents/ primary caregivers.

- **Suggested interventions:** This group proposed that a multi-tiered intervention was necessary to improve the observed parenting problems. The micro-level interventions proposed were psychoeducational groups to impart information related to parenting problems; meso-level interventions which included the formation of a parenting support group and the promotion of social cohesion; exo-level interventions included lobbying for road safety awareness, traffic calming measures, and support from the environmental health department; and macro-level interventions were related to revisiting housing and health policies. This group's appraisal of the interventions needed was realistic, as Chikadzi and Pretorius (2011:261) note that conventional methods of prevention, promotion, and education are insufficient to make inroads into the reversal of structural problems such as poverty and housing. In the instance of Welbedacht East, these structural problems had an impact on parenting practices, and therefore macro-level interventions are advocated.

The parenting issues, recommended topics, and interventions for improving parenting practices are consolidated in the diagram that follows.

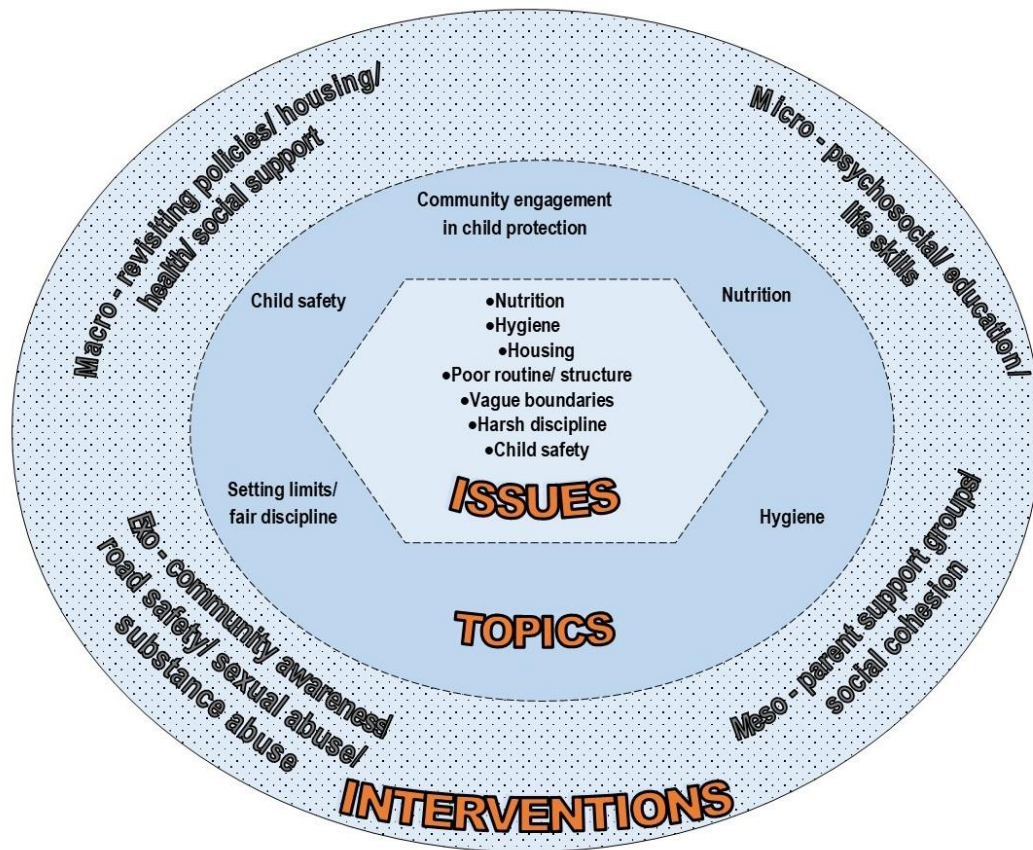


Figure 7.2: Interventions to improve parenting practices to facilitate the physical health, development and safety of children in Welbedacht East

This was the only group that indicated the need for multi-tiered interventions to address stressors in each of the levels of the bioecological system. Poverty and neighbourhood characteristics clearly put the children at risk and increased parental pressure in trying to address their insufficiencies (Butler et al 2012:572; Curtis et al 2004:1918). The group's reference to the need for community responsibility to uphold the protection and safety of children would require social cohesion and social inclusion. Group 2 recognised that a closer community network of support could mitigate the harmful factors responsible for child neglect, because communalism would lead to the protection of children and support for parents, as advocated by Ashiabi and O'Neal (2015:10).

Group 3 addressed topics that would support parents and thereby increase their foundational parenting competence.

Group 3: Foundational competence of parents/ primary caregivers

Group 3 were in support of a parenting intervention that would enhance the psychosocial wellness of parents to improve the well-being of children and the group identified several topics that they believed would make a difference to parenting practices if addressed.

- **Parenting issues:** Parents/ primary caregivers living in Welbedacht East were reported to be suffering from multiple stressors. These included financial problems, physical abuse, and lack of social support. Families were exposed to extreme social problems, alcohol and drug abuse, and violence, including sexual abuse. In addition to external stressors, parents/ primary caregivers demonstrated intergenerational patterns of bad parenting and unresolved emotional issues, poor stress management skills, and poor emotional control in their interactions with their children. Parents were poor and lacked the skills to support themselves and their children financially.
- **Recommended topics:** The topics Group 3 motivated for were stress management; emotional regulation; dealing with intergenerational stressors and their unresolved experiences; and learning how to access help from other sources.

In introducing the proposed topics, the spokeswoman said: *“a happy mother equals a happy home, which equals a happy neighbourhood, which equals a happy community, which equals a happy nation.”* This explained the group’s perspective of why teaching parents/ primary caregivers to manage their own physical, emotional, and spiritual health to improve their psycho-emotional presence for their children was important. The group conceded that stress is a normative life experience but pointed out that the stresses of raising children in Welbedacht was not normative. Neighbourhood threats parents/ primary caregivers and their children were exposed to exacerbated parents/ primary caregivers experienced. She stated: *“As a mother, your stress is 10 times worse living here in Welbedacht. There are so many dangers here and worries that you have to carry.”* The multiple stressors of families living in disadvantaged communities is discussed by McArthur et al (2010:3), noting similar complexities. The authors mention that macroeconomic factors create place-based concentrations of deprivation which lead to social, family, and community problems and the longer a community experiences those problems, the more intensely they are affected by them (McArthur et al 2010:3). A South African study confirms that parents experiencing severe socio-economic deprivation experience high levels of anxiety and stress (Lachman et al 2016:2343).

Group 3 explained that under such overwhelming stress, parents failed to manage their feelings of hurt, anger, and depression. This caused many parents/ primary caregivers to “*lose control of themselves*” which threatened the parent-child relationship and affected the child. The spokeswoman shared: “*This has a big emotional effect on their children.*” Parenting in poverty has serious consequences as found by Meinck, Cluver, Boyes and Loening-Voysey (2016:910). Their child-report survey indicated that 55 per cent of the children who participated in the study reported physical abuse and 36 per cent emotional abuse, mostly perpetrated by caregivers in their homes (Meinck et al 2016:910). This confirmed Group 3’s observation that parental stress resulted in poor emotional regulation, which explained the high prevalence of physical and emotional abuse of the children in Welbedacht East.

The group suggested that mothers needed to be taught coping mechanisms. Noting that the unresolved issues from the parents’/ primary caregivers’ pasts further reduced their responsiveness towards their children, they therefore advocated that parents/ primary caregivers be helped to address their past issues: “*Sorting out your life means taking care of past hurts, managing your stress, dealing with your feelings... You cannot sort out your life if you are experiencing these things. If you cannot control your feelings, if you cannot manage your stress, you cannot get your life in order and you cannot be there for your children.*”

A first step to sorting out personal issues was to seek help. The poor social ties amongst community members made it difficult for parents/ primary caregivers to access help. Many were unaware of the available resources. As confirmed in several South African studies, families living in LSEEs suffer social exclusion and those who need help the most need to be assisted to access services, networks, and assets (Jordan et al 2014:405; Simpson 2003:157; Strydom 2012:451; Strydom 2013:505). The reluctance of parents/ primary caregivers to source help was mentioned and the group suggested that parents/ primary caregivers should be informed about the range of services available, formal and informal, and not just counselling, but also services such as free basic services and exemptions for the payment of school fees. Their suggestions are endorsed by Jordan et al (2014:405). Much confusion existed about what services were offered and how they could be accessed. The examples of services that parents/ primary caregivers mostly needed were as follows: “*If the mother is not managing financially, she must speak to a social worker to see if she meets the criteria to get the child support grant... Maybe there is domestic violence in the family... in the home... so instead of sitting there and being abused and allowing your children to witness that she must get*

help... As a mother remember that you brought this child into the world. It's your responsibility to get yourself help and get the child away from the bad environment."

The group suggested that skills development be included in the parenting support intervention and mentioned specifically the need to impart skills to parents/ primary caregivers that would enable them to generate an income.

- **Suggested interventions:** Suggestions of the types of services that parents needed were life skills development training, counselling, and support groups for mothers. *"One needs to find support groups... an empowerment support group for mothers... or maybe a grieving support group for mothers... and if there are none we must start them."* In motivating for skills development, they quoted an old idiom: *"There are courses available. They say, 'Feed a man a fish one day, he only gets fed one day! Teach a man to fish, you feed him for a lifetime'. Okay!"*

The issues affecting parents, recommended topics, and interventions for improving the foundational competence of parents are consolidated in the diagram.

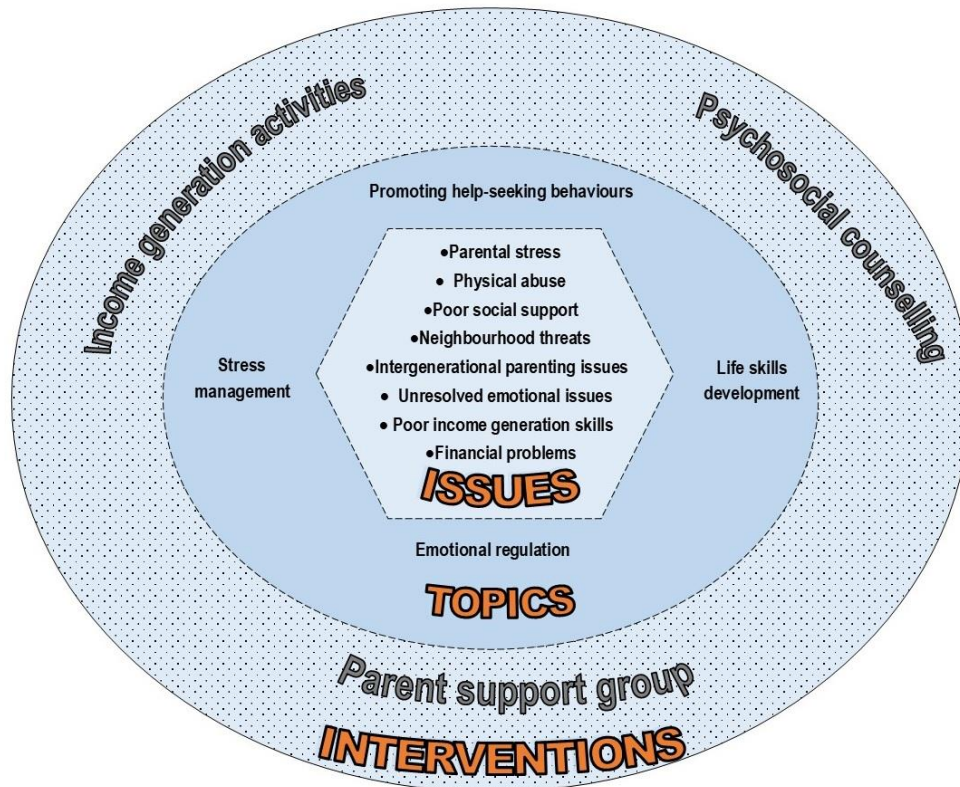


Figure 7.3: Interventions to improve foundational competence of parents/ primary caregivers in Welbedacht East

Psychological stress is intensified when a person experiencing a negative life event has limited social support (Simons, Johnson, Conger & Lorenz 1997:209). The findings of the study conducted by Simons et al (1997:226), whilst dated, has relevance for this study. It notes that parents living in highly concentrated areas of disadvantage with poorly resourced community institutions have limited access to social capital to facilitate their parenting performance. Therefore, creating opportunities to promote social ties and generate social and psychological resources for parents/ primary caregivers to draw on is advocated. Social support opportunities enable parents/ primary caregivers to deal with their life stresses and more attuned to the needs of their children (Johnson et al 2014:114). Friends and neighbours are resources that should be activated to replace professionals as “the soul providers of solutions for their problems” as motivated by Sousa (2005:163). Through the development of a support group for parents, linked to professional services, parental access to three-tiered levels of family preservation could be developed: crisis counselling, parenting education, and support (Strydom 2012:451; Strydom 2013:501). The ability to make use of external networks of support and existing resources to meet the child’s needs and deal with parental problems is considered a positive indicator of ‘good enough’ parenting (Choate & Engstrom 2014:371; Kellett & Apps 2009:27).

The discussion of parents’/ primary caregivers’ responsibility for the social development of their children was addressed by Group 4 and is presented next.

Group 4: Social development and behaviour

The groups’ spokesman stated that parents/ primary caregivers have the most influence over their children’s behaviour and social development. Accordingly, they argued that parental responsibility for the social development and behaviour of children in Welbedacht East had to be addressed.

- **Parenting issues:** The spokesman raised the group’s concern that poor examples of social behaviour were parents/ primary caregivers living in Welbedacht East. As a result, children lacked manners and general respect for others. According to his group’s perspective, religious and cultural norms and morals were not reflected in the children’s behaviour, suggesting that social values common to all cultures and religions were not evident in the community.

- **Recommended topics:** Group 4's recommendations of parenting topics included teaching parents to set a good example for their children, children's rights and responsibilities, inculcating good manners, developing the child's religious/cultural identity, and setting age-appropriate chores. The parenting indicators they excluded from their list were: promoting the child's contact with other extended family members, including the biological father when parents were estranged, and encouraging the child to participate in extramural activities.

Discussing the need for parents to be role models for their children, the spokesman said: *"We noted that behaviour is learned and therefore setting a good example to your children will teach the children to adopt good behavioural patterns."* He explained that this point overlapped with teaching the child manners: *"By setting a good example it will obviously teach the child good manners as well."*

The diversity of cultures in Welbedacht East was mentioned but was not seen as a problem: *"Most of our families are guided by different cultures. There is no culture that misguides one. So, we believe that if children are brought up in a certain culture they will never go wrong."* It appeared as though the group regarded religion as synonymous with culture, because the spokesman went on to say: *"Because even if you are a Christian, obviously you will be on a good path. And even if you are of a different culture... any culture you are doing... they will never misdirect you."* The regulating norms and values inculcated by religion and culture were regarded as important for raising socially responsible children.

Educating parents about children's rights and responsibilities was proposed: *"We believe that if they are informed about children's rights and responsibilities they will never go wrong towards their children."*

Whilst the group included giving children age-appropriate chores on the list, they omitted to discuss this during their presentation. Concerns about the over-parentification of children in Welbedacht East had been mentioned in some of the interviews with research participants. Some participants noted that in some instances, responsibilities allocated to children were inappropriate for their ages.

As mentioned by Bane Nsamenang (2006:296), African children are typically allocated chores to socialise them, build their social competence, help them to integrate knowledge and values, and to develop practical skills.

- **Suggested interventions:** Increasing social cohesion by participation in religious and cultural activities was suggested, followed by psychosocial education related to developing the child's moral character and promoting social values. Finally, creating support groups where parents/ primary caregivers could discuss common parenting issues was suggested.

The parenting issues and recommended topics and interventions for improving parental engagement in the social development of the children in Welbedacht East are consolidated in the diagram below.

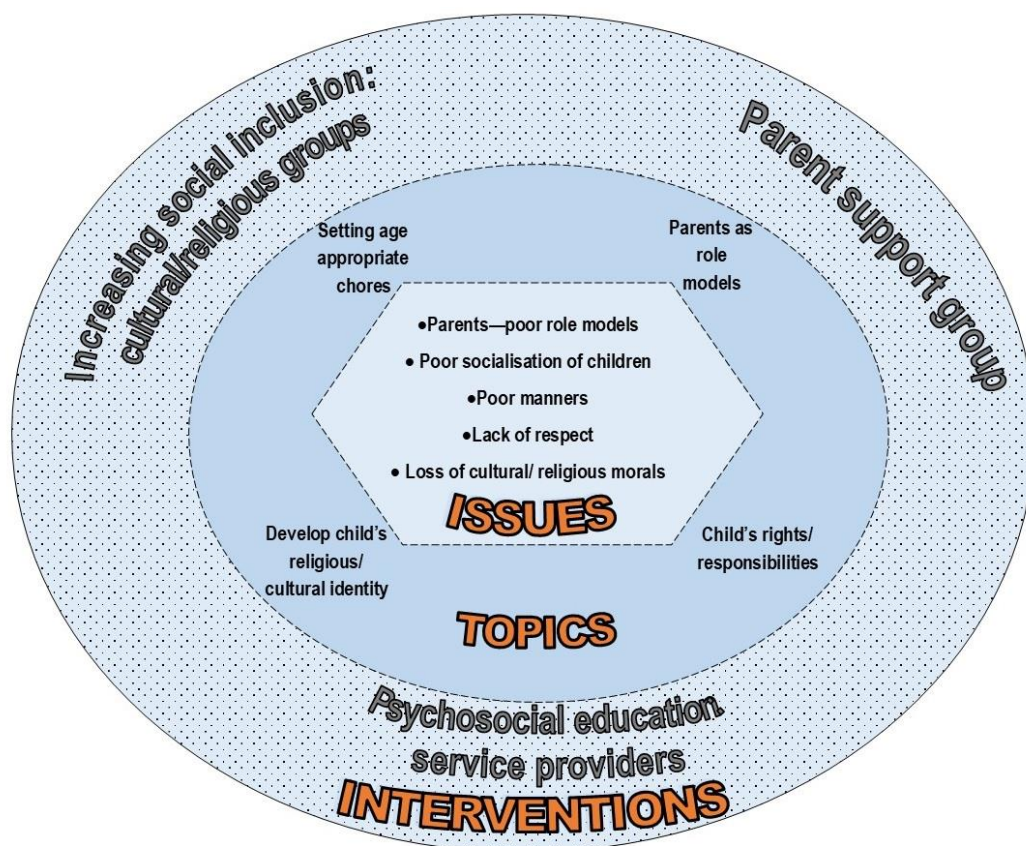


Figure 7.4: Interventions to improve parenting practices to facilitate the social development and behaviour of children in Welbedacht East

The relevance of culture/ religious instruction for increasing social order was once again highlighted. The group, in keeping with the CFCW (Lippman et al 2009:21), recognised the responsibility parents/ primary caregivers have to inculcate prosocial values and shape the moral character of their children (Johnson et al 2014:120). They suggested that parents/ primary caregivers be instructed on how to inform children about expected

social behaviour and cultural customs, and how to model these. They recognised the value of parents learning about children's rights. These recommendations as relevant to the social development of children are mentioned as one of the indicators of 'good enough' parenting (Hoghughi & Speight 1998:294) and concurred with Choate and Engstrom's (2014:371) position that these are easier to accomplish through channels such as culture and/or religion, as they represent external networks of support that endorse the positive social instruction of children.

The last group, Group 5, was tasked to recommend topics related to parental responsibility for safeguarding the psychological and emotional well-being of the Welbedacht East children. Their views are presented next.

Group 5: Psychological and emotional well-being of the child

Group 5 was in agreement with the main indicators of 'good enough' parenting associated with promoting the psychological and emotional well-being of children, as reflected in scholarly works (see Table 3.2 and Table 3.3). It was the responsibility of parents/ primary caregivers to nurture their children's emotional needs to safeguard their psychological well-being and healthy development into adulthood (Choate & Engstrom 2014:371; Hoghughi & Speight 1998:24; Kellett & Apps 2009:27; North 2013:25; Woodcock 2003:95).

- **Parenting issues:** The parenting issues as raised by Group 5 were the general lack of understanding of children and their needs by parent/ primary caregivers; inadequate parental expressions of love and affection towards children; parents/ primary caregivers who neglected their children by putting their own needs before their children's; a lack of orderliness in family homes because of the absence of routines; and failure to develop hope and optimism within their children. The group recommended several topics as consistent with scholarly recommendations.

Recommended topics: Group 5 suggested the following topics for inclusion in the parenting support intervention: understanding the child, creating stability and order in the child's life, accepting each child as different and treating them accordingly, building the child's self-confidence, putting the child's needs before their own, and developing the child's faith and hope. According to them these were the most relevant to promoting the psychological well-being of the children in Welbedacht East. Of these, Group 5 highlighted three in their presentation.

The first was to show love to the child as explained: *“They need to get love. Because as a parent not giving them love they are gonna look around and check where they are gonna find love. Most of times they get love like... in places that are not right... Like in old sugar daddies.”* It was noted that children living in loveless homes were at greatest risk: *“They involve themselves with people who are not suitable to be involved with. Like people who are using drugs. But if they got love at home they know that they got to go to their parents and get that love. They are not gonna look for it in other places.”* The spokeswoman pointed out that showing love towards the child required selflessness from parents/ primary caregivers and stability in the home. The benefits of this combination would help to build the child’s self-esteem.

Children consider parents to be the primary source of their contentment (Dunn & Keet 2012:86-89). When parents take notice of their activities and interests, parent-child interactions improve, and the well-being of the children is positively affected (Roman, Schenck, Ryan, Brey, Henderson, Lukelelo, Minnaar-McDonald & Saville 2016:308). Parental expressions of affection are known to be compromised when living in poverty, because the multiple disadvantages that parents must deal with generates a lot of stress, placing strain on the parent-child relationship (Botha-Verhage & Jacobs 2017:216). The children become sensitive and worry about the parents whom they perceive to be physically vulnerable (Botha Verhage & Jacobs 2017:216). It was noted that there were many stressors that led to parents/ primary caregivers being inconsistent and insecure in their parenting, which affected their children.

The spokeswoman motivated that parents/ primary caregivers had a responsibility to develop the child’s faith and hope. Nurturing the child’s belief system was considered important: *“It is important to teach the child at an early age about faith... religion, whether you are Christian, Muslim or Hindu.”* One of the members in Group 5 explained: *“We need help in whatever we are doing, and we also need to teach children to pray in order to solve their problems as well.”* A further supporting comment from the larger audience was: *“We need to ask God to help us as well... to develop our children. Because if we don’t have the place where we are gonna go and pray, we are not gonna be able to develop our children.”*

There is evidence that religion assists single mothers with low incomes in multiple ways. The benefits include teaching parents/ primary caregivers how important it is to build the self-confidence of their children; offering children comfort in the belief that God is there to support them and protect them from negative environmental influences,

including negative peer pressure; reinforces values such as respect and discipline in the home; having parental values endorsed by other congregants; and developing the resilience of children in times of hardship (Sullivan 2008:162-170). Furthermore, as noted by Ebot (2014:157), parental promotion of religion or spirituality is an expected undertaking for African parents. The responsibility of parents to instil hope in their children is mentioned by the CFCW (Lippman et al 2009:21) and McLea and Mayers (2017:427) discuss Weingarten's perspective that hope is something that is needed in times of hardship. It is important for parents/ primary caregivers to instil hope in their children, by encouraging the child to have a goal and take small steps towards achieving it, so that the his/her despair in a challenging situation is replaced with more positive thinking and "reasonable hope" for a better future. Unpleasant feelings related to the negative situation are replaced by positive thoughts and alter the child's emotional, psychological, and physical reactions, which enables him/her to cope better (McLea & Mayers 2017:437-438). The children of Welbedacht East needed to cope with the poor socioeconomic realities from which they were unlikely to escape

The third factor that Group 5 supported was that parents/ primary caregivers needed to be taught about the unique personalities of each child. The spokesperson of the group explained: *"When we have two children in one home, they are not the same. So when you are comparing them, you are creating low self-esteem in the other child. So you need to treat the child according to their differences and not compare them and expect them to be the same."* Knowledge of the child's unique temperament leads to parents having a better insight into the child's behaviour, which enhances the parent-child relationship (Jansen van Rensburg, Strydom & Grobler 2016:332).

It was therefore acknowledged that parents/ primary caregivers needed some guidance on how to support the psycho-emotional development of their children and, strengthen their resilience to cope with the harsh realities they were growing up in.

- **Suggested interventions:** The group proposed that these topics be addressed in a parenting support group that could from time to time engage external service providers who would offer psychosocial education on these topics.

The parenting issues, recommended topics, and interventions for improving parental engagement in the psychological and emotional development of the children in Welbedacht East are consolidated in the diagram that follows.

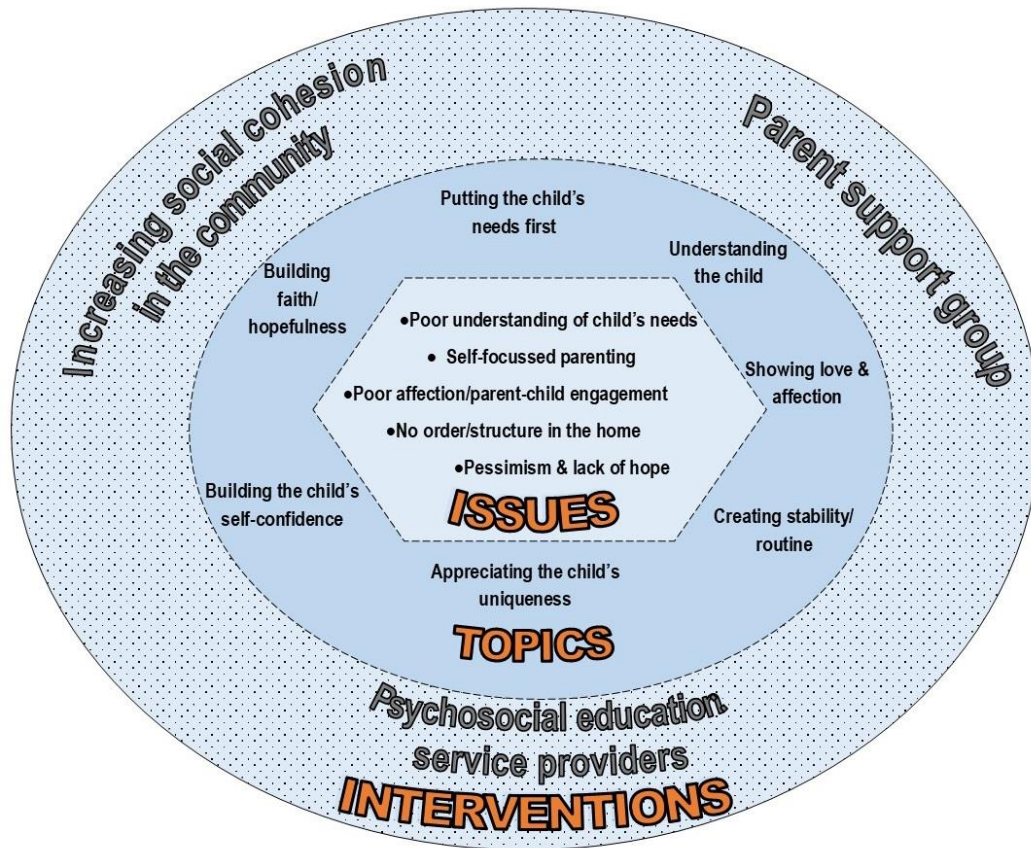


Figure 7.5: Interventions to improve parenting practices to facilitate the psychological and emotional development of children in Welbedacht East

The perspectives presented by Group 5 reflected some of the indicators of 'good enough' parenting, as identified in scholarly works (see Section 3.4.1.4). They highlighted parental love and commitment towards the child (Choate & Engstrom 2014:371; Hoghughi & Speight 1998:294; North 2013:25); demonstrating parental emotional responsiveness (Woodcock 2003:95); putting the child's needs first (Kellett & Apps 2009:27); and providing some routine and consistent levels of care (Kellett & Apps 2009:27; North 2013:25). Their inclusion of culture and religious values and norms appeared to be related to their hope that the children would develop a sense that their lives were meaningful, would maintain a positive outlook, and would adapt to their adverse circumstances in keeping with the expectations of the CFCW (Lippman et al 2009:21) (see Table 3.3). Optimism and resilience are positively associated with religion (McLea & Mayers 2017:427) and a nurturing culture increases self-efficacy and pride.

This concludes the discussion around the topics that were recommended by consultation workshop participants for inclusion in the locally specific parenting intervention.

The five groups' recommendations on the formats of interventions were mostly the same. Psychosocial education and support groups were mentioned by all five groups. Both educational and support groups were considered positive means of increasing community support systems in Welbedacht East and bringing parents/ community members together to share information and develop skills. The value of community forums and small support groups for building community support systems to serve as a protective factor for vulnerable communities and reduce the psychological distress of parents is acknowledged in the literature (Hope & Van der Merwe 2013:325; Jordan et al 2014:405). They promote the development of a sense of self amongst participants and empower them, leading to their self-development, according to Jordan et al (2014:405). The educational components assist participants to acquire skills and knowledge (Jordan et al 2014:405), particularly amongst families who are at risk (Strydom 2012:447). The Welbedacht East parents/ primary caregivers needed a locally specific parenting intervention that offered both educational and enabling services that would teach: parenting skills, stress management, financial literacy, nutrition, education about healthcare, reproductive health, social issues such as substance and child abuse and domestic violence, child safety, and problem solving. These are noted as relevant in other South African studies that examined appropriate interventions for families in LSEEs (Jordan et al 2014:405; Nel & Roestenburg 2004:122; Simpson 2003:157; Strydom 2012:447). The demand for skills development to enable parents/ primary caregivers to learn skills that would contribute to income generation is noted. This intervention is not well-supported amongst some South African researchers who advise that without infrastructure and support many of these initiatives fail, because they are not sustainable (Raniga & Ngcobo 2014:523-524; Strydom & Tlhojane 2008:41). Others suggest that they are valuable, as they teach people practical skills that they are motivated to learn (Simpson 2003:157). It was decided to include some elements of such skills development in the parenting support intervention, as will be motivated in the next section.

The second objective of the consultation workshop was to reach a group consensus on the goals and objectives of the parenting intervention. In preparation for this discussion, the researcher consulted relevant literary sources which addressed similar themes to those that had been identified in the interviews and presented these to the participants as a means of opening and structuring the discussion that would allow the participants to voice their opinions. The five potential objectives are discussed in the next section, mentioning the researcher's presentation briefly and reflecting the participants' responses to each of the objectives that had been developed from the themes identified during the analysis of the interviews.

Table 7.4: Comparison of topics recommended in the interviews and consultation workshop

DOMAIN OF PARENTING	RECOMMENDED TOPICS IDENTIFIED FROM THE PARTICIPANT INTERVIEWS	RECOMMENDED TOPICS IDENTIFIED AT THE CONSULTATION WORKSHOP
PSYCHOLOGICAL AND EMOTIONAL DEVELOPMENT OF THE CHILD	<ul style="list-style-type: none"> • Showing love and respect • Understanding the child • Parent-child communication • Building the child's self-confidence • Children's rights and responsibilities 	<ul style="list-style-type: none"> • Showing love/affection • Understanding the child • Creating stability and routine • Appreciating the child's uniqueness • Building the child's faith/ hopefulness • Building the child's self-confidence • Putting the child's needs first
SOCIAL DEVELOPMENT AND BEHAVIOUR	<ul style="list-style-type: none"> • Parents as role models • Developing the child's cultural identity • Positive discipline • Creating awareness of substance abuse and reproductive health 	<ul style="list-style-type: none"> • Parents as role models • Teaching the child manners/respect • Children's rights and responsibilities • Setting age-appropriate chores • Developing the child's religious/ cultural identity
PHYSICAL HEALTH, DEVELOPMENT AND SAFETY	<ul style="list-style-type: none"> • Nutrition • Hygiene • Healthcare • Child's safety • Establishing routine in the child's life 	<ul style="list-style-type: none"> • Nutrition • Hygiene • Child's safety • Setting limits/ fair discipline • Community engagement in child protection

COGNITIVE DEVELOPMENT AND EDUCATION	<ul style="list-style-type: none"> • Promoting school attendance 	<ul style="list-style-type: none"> • Child development • Promoting school attendance • Teaching basic literacy • Facilitating the child's homework • Religious/cultural norms and values
PARENTS'/ PRIMARY CAREGIVERS' FOUNDATIONAL COMPETENCE	<ul style="list-style-type: none"> • Life skills development: self-care, self-management, mental and spiritual health • Emotional regulation • The importance of the parenting role, co-parenting • Skills to develop financial independence from others • Promoting help-seeking behaviours 	<ul style="list-style-type: none"> • Life skills development: physical, emotional, mental and spiritual health • Emotional regulation • Stress management • Promoting help-seeking behaviours • Dealing with past hurts

This information was relevant to determining the educational focus parenting topics needed to offer the potential users of the parenting intervention being developed. The topics that were confirmed at the consultation workshop, were consistent with indicators of 'good enough' parenting.

Workshop participants endorsed strengthening the foundational competence of parents to protect the children from parental psychological stress. Parental stress was considered responsible for compromising parent-child relationships. Workshop participants drew attention to the many psychosocial economic pressures that parents living in Welbedacht East had little respite from. They mentioned limited infrastructure, healthcare clinics specifically; exposure to environmental health risks; high exposure to neighbourhood social ills such as crime, domestic violence, and substance and sexual abuse; financial problems; and complicated family structures with fathers being uninvolved in parenting children. These were aggravated by poor support systems and a lack of information about where they could access help.

In terms of the foundational competence of parents/ primary caregivers, the participants proposed that it was important to provide opportunities for parents/ primary caregivers to address unresolved issues related to their pasts and enable parents/ primary caregivers to access available resources that would reduce their stress.

Their discussion of the four domains of well-being and parental indicators of 'good enough' parenting was mostly considered desirable, but not all were recognised as relevant for the community. The participants reasoned that contextual factors that affected parents/ primary caregivers influenced their recommendations of what to focus on when promoting the psychological and emotional development of children, the following topics were nominated: showing children affection and love and appreciating the uniqueness of each child. These were motivated by their concern about children who were being driven to "look for love" in the wrong places. Recommendations for promoting the physical health, development and safety of children included all the indicators. However, the structural problems such as no access to a local healthcare centre, poor housing, environmental health risks, and the non-existence of traffic calming measures were mentioned as undermining the efforts of parents/ primary caregivers to achieve them. The challenges associated with accessing healthcare were raised again, as was the problem of parental neglect of their children's hygiene. That which featured more prominently during these discussions were the examples they provided of environmental hazards and maintenance deficiencies prevalent in the community that placed the health and safety of children at risk (Newman 2008:900). Clearly, cognitive development and education was considered less relevant by many forum participants in the presence of so many other

survival issues and in relation to the resources that parents/ primary caregivers had at their disposal. Professional participants argued that parents/ primary caregivers should be doing more to stimulate their children's cognitive development and made practical suggestions of ways they could adapt the indicators. However, the parent/ primary caregiver participants and community champions argued against this, stressing that the quality of housing and their limited resources made these suggestions impractical. It was finally accepted that financial limitations prevented parents/ primary caregivers from providing their children with resources and activities that they would be able to offer under normal circumstances. In terms of the social and behavioural development of children, the workshop participants emphasised teaching parents/ primary caregivers about children's rights and helping them to play a bigger role in modelling respectful and responsible behaviour for their children to imitate.

The three themes that reoccurred across more than one domain of child well-being were the problems associated with housing, safety, and the protective role that religion, spirituality, and hope offered families living in Welbedacht East.

Housing was identified as a major stressor in this forum. Workshop participants voiced their opinions about houses offering no privacy for adults, which resulted in parents/ primary caregivers sending children out of the home to create opportunities for them to be alone with a partner, which displaced their children. Being overcrowded, the houses were considered conduits of infectious diseases such as tuberculosis. The structural designs of the homes challenged parents/ primary caregivers to create conducive spaces or opportunities for children to study, as noise and distractions could not be contained. Their descriptions confirmed the presence of household chaos which contributes to parental stress that is later associated with harsh and inconsistent discipline (Jocson & McLoyd 2015:304). As discussed by Newman (2008:903), it further contributes to stimuli overload which affects many issues such as sleep deprivation and a person's ability to concentrate, both influencing a person's cognitive performance. Two non-resident service providers blamed community members for the "overcrowding" of dwellings, accusing them of not practicing birth control and using their houses to accommodate their extended family members, rather than the nuclear families for whom the houses were intended.

Securing the safety of children was considered important by participants in this forum, as had been motivated by the parent/ primary caregiver and community champion participants during the interviews. Safety was raised in other domains besides the physical health, development and safety domain of parenting. The seriousness of the lack of protection of children was also mentioned in discussions of the emotional and psychological development, as well as the

social and behavioural development of children. This is not surprising, given the profile of this community. It is stated that victims of crime are mostly poor, from disadvantaged communities, and situated in settlements where infrastructure is poor and where crisis services are difficult to access (Mason & Nel 2009:119).

The workshop participants described more than once the value of religion, spirituality, and hope in a community such as theirs. For participants this was an effective basis for strengthening their families, instilling values of respect and discipline, and enabling parents and their children to find meaning despite the dire circumstances they found themselves in. It was stated previously that religion is a resource that poor mothers find useful in many ways to help them to negotiate the demands of parenting (Sullivan 2008:158).

This consultation process afforded community members and stakeholders an opportunity to discuss their preferences to tailor the parenting support intervention according to what they considered to be realistic for the Welbedacht East community (Grimes & McElwain 2008:224).

The participants' responses to the presentation that the researcher made highlighting the emergent task goals for the locally specific parenting support intervention will be presented next.

7.5.1.3 *Practical competencies recommended to augment parenting education*

The preliminary objectives of the parenting support intervention were formulated from the findings of the interviews and a literature search on support interventions for parents living in LSEEs. To achieve parents'/ primary caregivers' ideals of 'good enough' parenting, some of the circumstances that hindered them from fulfilling these indicators had to be addressed, as stated by Moran et al (2004:19). The compromised parenting reported in Section 5.4.3 could not be blamed on the shortcomings of the parents/ primary caregivers alone, but multiple, reinforcing factors situated at personal, sociocultural and political levels (Richter & Naicker 2013:31). The bioecological and social inclusion theoretical framework, presented in Chapter Two, brought the contextual stressors and forces that excluded parents/ primary caregivers like those of Welbedacht East to the fore. As positioned by Moran et al (2004:22), in contexts characterised by hardship and disadvantage, parenting interventions need to incorporate interventions to enhance adult functioning, such as adult literacy, parenting support, and adult mental health (Moran et al 2004:22). The focus of the intervention therefore would be broadened to increase parenting support and reduce practical and pressing risks to improve parent/ primary caregiver responsiveness to the well-being of their children (Daly et al 2015:8; Richter & Naicker 2013:xiii; Moran et al 2004:6).

The emergent needs for a parenting support intervention that the researcher wished to confirm at the consultation workshop were:

- to promote social inclusion and support for parents/ primary caregivers;
- to facilitate the self-awareness and self-care of parents/ primary caregivers;
- to empower parents/ primary caregivers with skills and knowledge of positive parenting practices to promote the well-being of their children in the domains of physical health and safety, psychological and emotional development, social development and behaviour, and cognitive development and education;
- to equip parents/ primary caregivers with financial literacy and saving skills; and
- to enhance their income generating capacity.

A short presentation of the needs as identified from the findings and supporting literature was delivered by the researcher. After the presentation, participants were invited to comment. Their discussions were recorded and analysed. Participant responses to proposals about financial literacy skills, means of saving, and development of their income generating capacity, were shared. Proposals related to the promotion of the social inclusion of parents/ primary caregivers and children, the promotion of the self-awareness and self-care of the parents/ primary caregivers, and the development of parenting practices were addressed in the preceding sections of the chapter. The participants' recommendations of resources and parenting topics and the outcome of the consultation workshop and discussion around these have been exhausted and therefore do not require further mention. The focus of the discussion is on financial literacy and budgeting, the development of a *stokvel*, and the facilitation of small income generating projects for parents/ primary caregivers. They would address the parents'/ primary caregivers' most persistent threat, namely a lack of economic security. The first element of the support intervention refers to the need for financial literacy and home budgeting.

- **Financial literacy and home budgeting**

Concerns raised about the major financial problems that parents/ primary caregivers experienced were common in each of the stages of the research process. Examples from two of the community champions, Sara (CC) and Anna (CC), referred to parents/ primary caregivers trying hard to ensure that there was money for essentials, but many parents/ primary caregivers were unable to manage their social grants responsibly.

Sara (CC) said: *“Poor planning and poor budgeting mean most of them live for the day... It’s like, I got this for today, so who cares.”*

Anna’s (CC) perspective was: *“I think it is the lack of understanding or maybe lack of education and the carelessness of parents.”*

Each of the consultation workshop groups confirmed the financial struggles of parents/ primary caregivers. Group 1 stated succinctly: *“The poverty. People are unable to take their children to educational places because of poverty!”* Group 2 mentioned that lack of finances prevented parents/ primary caregivers from being able to take a sick child for treatment. An example shared was of a parent living in the lower part of Welbedacht East who needed to take her sick child to the mobile clinic: *“Just imagine, a parent coming down from Point Road, walking with a sick baby on the back, you know.”* Group 3 identified finances as a major stressor when they referred to the need that parents/ primary caregivers had to sort their lives out: *“Most of the time it is financial.”* Group 4 and 5 concurred that parents/ primary caregivers struggled to provide for the most basic needs of their children, which affected the child’s nutrition, healthcare, hygiene, schooling, and emotional security.

It was obvious, as in Hope and Van der Merwe’s (2013:312) study, that the financial hardships that many parents/ primary caregivers living in Welbedacht East were experiencing were suffered by preceding generations, even though they were now in post-apartheid South Africa. Whilst their economic problems were created mostly by institutional barriers (Raniga & Ngcobo 2014:516; Simons et al 1997:212), these problems were likely aggravated by the parents’/ primary caregivers’ inability to manage their finances properly due to a lack of skills. Consistent with Simons et al’s (1997:212) findings, many parents/ primary caregivers of Welbedacht East lived for the present and had no plans about how they were going to be able to address the future needs of their children. Planning for the child’s future is one of the indicators of ‘good enough’ parenting and requires parental acumen and skill to ensure that finances will be available to achieve this (CFCW, in Lippman et al 2009:23; Johnson et al 2014:118). Teaching high-risk families in LSEEs to achieve this, as stated by Strydom (2012:447), is often overlooked by social workers.

The consultation workshop participants were asked whether some form of financial acumen or skills training was considered important for the parenting support intervention. They agreed and referred to the indebtedness of parents/ primary

caregivers, a problem about which few research participants had spoken during their interviews. Some raised the debt that parents/ primary caregivers incurred when dealing with unexpected emergencies, such as the illness of a child, or the death of a family member.

Debt intensifies oppression and exclusion (James 2014:28) and explains why those in debt struggle to recover. As noted by Kim, Watts, Hargreaves, Ndhlovu, Phetla, Morison, Busza, Porter and Pronyk (2007:1795), poor women who must pay back loans really struggle. However, when equipped with basic skills and information in this area, the same women can address the problem, because they understand what they are dealing with and have knowledge of potential methods for addressing the problem (Kim et al 2007:1795).

A concomitant proposal was to establish a means of access for parents/ primary caregivers to microfinance which would not exploit their vulnerability.

- **Stokvel – access to microfinance**

During the community champion interviews, it emerged that lack of finances prevented parents/ primary caregivers from accessing the resources they needed for themselves and their children. The examples presented in the presentation of findings were extracted from the interviews conducted with Lindiwe (CC) and Pavi (CC). Lindiwe's (CC) example was that before parents/ primary caregivers could make an application for a social grant, they had to save money for their transport. Upon arriving at SASSA, they would be told to return on another day and they would not be able to, because they did not have the money to do so. Her narrative explains a typical situation where a parent requires a small, short-term loan to secure services connected to the well-being of a child or family member: *"They don't have the funds to do follow ups and things take so long they can't track the process."* Failure to follow up on the progress of an application for a grant meant that the women would be unsuccessful in securing the grant.

Pavi's (CC) example related to parents'/ primary caregivers' lack of funds and subsequent inability to pay for their children's healthcare needs: *"We do referrals, but these parents do not take their kids. So when they come to us on a second visit and you ask them, 'have you taken your child?' and they say, 'No. I did not have the money'... They are dependent upon the child support grant to buy food and they don't have the bus fare."*

Living from “hand to mouth” meant that the parents/ primary caregivers lacked financial resources to secure services, outlay money for “crises”, or meet anticipated expenditure related to school needs such as uniforms, stationary, money for excursions, and money to release school reports. When needs such as these presented, parents/ primary caregivers had to borrow money which created greater financial problems for them. A solution would be if they could have access to microloans to cover the expenses that would achieve a more positive outcome for their future.

Patterns of community borrowing mentioned by participants were predictable, which often resulted in escalated debt. They would borrow money and then be unable to repay the money to the lender. When they needed to borrow money a second time, they would approach another lender, who would oblige but stipulate additional obligations for repayment. The obligations would be loans at a higher interest rate or confiscation of the person’s ID document or bank card, all of which exacerbated their problems. This pattern is discussed by James (2014:17) who refers to it as the ‘debt trap’.

Both Anna (CC) and Grace (CC) mentioned *stokvels* as an effective form of saving used by some parents/ primary caregivers living in Welbedacht East. *Stokvels* are popular self-help ‘social clubs’ developed by predominantly female members of limited means where the members contract to pool a small fraction of their income as savings which are shared (Matuku & Kaseke 2014:504; Ramagoshi 2016:51). Because of the savings being invested for a period of time, the members are able to accumulate assets (Matuku & Kaseke 2014:514; Naong 2009:260). In some *stokvels* the women can take microloans when faced with unexpected expenses, which they pay back according to the club’s rules, usually at a lower interest rate than financial institutions or microlenders (Matuku & Kaseke 2014:504; Kim et al 2007:1794).

The participants in the workshop were asked whether the formation of a *stokvel* would offer a possible solution to the problems mentioned. The benefits of *stokvels* are: they enable their members to take care of their basic needs, save and invest; promote empowerment; cultivate business skills; provide increased feelings of self-efficacy; and help the members to expand their social networks (Kim et al 2007:1794). The group confirmed their interest in this intervention.

Further financial relief could come from parents/ primary caregivers being assisted to start small income generating projects, as proposed by research participants throughout the research process.

- **Small income generating projects**

Many parents/ primary caregivers had limited education and poor job skills, and without childcare they struggled to find fixed term employment. Being unemployed meant they forfeited opportunities associated with being employed; factors relevant to their well-being: participation in enjoyable activities, a meaningful purpose that offered some routine and structure in their daily lives, social contacts, opportunities to acquire the respect of others outside the home, the opportunity to engage with other networks, and being exposed to new challenges to extend themselves (Diener & Seligman 2004:11). Lacking skills, education, and job training meant that many of the community members were forced to do “piece work” for which they were underpaid. In order to find such work, they would depart from their homes early in the morning, leaving their children unsupervised until their return later in the day.

As observed by Robbins (2005:7), as unemployment rises, so more people resort to informal activities for survival. Those community members who manufactured goods to sell, such as brooms and hair ties, were at least considered to be doing something positive.

Having no illusions about the scarcity of work opportunities, the consultation workshop participants favoured the suggestion of income generating opportunities. Such activities, in the absence of affordable childcare, would enable parents/ primary caregivers to supervise their children and save on transport costs.

A member of Group 3 shared the following: *“I know one organisation offers skills and training courses for free... to empower mothers, to empower anyone. So instead of saying, ‘I am unemployed. I don’t have anything to do!’ These courses are available for them.”* Another noted that the grants on which they depended failed to sustain them, which motivated their need to participate in income generating activities to augment their incomes: *“In terms of finances it was mentioned about the social grant... Mothers should not rely on that alone, that is why I am glad about the idea of skills development.”*

The value of income-generation activities is noted by Jordan et al (2014:405) as a means of building skills through training, particularly for young, poorly educated women, which helps to empower them. Other authors report that income generating activities are only successful in the short-term, because self-employment creates additional expertise and resources that vulnerable women find difficult to access (Raniga & Ngcobo 2014:525).

The potential benefits include participation in meaningful activity, opportunities to learn new skills, relief from boredom, extra income, and opportunities to develop new relationships. Many of these reasons were like the benefits of employment, as mentioned by Diener and Seligman (2004:11). Facilitating income generating activities was well-supported by workshop participants.

As the participants agreed with the suggested objectives, they would be used as the task goals of the locally specific parenting intervention to conclude Phase 1: Step 5 of the IDD.

7.5.1.4 Goals and objectives for the locally specific parenting intervention

Having achieved the objectives of the four preceding steps of the IDD, the final step of Phase 1 could be finalised: setting the aims and task goals of the parenting support intervention.

There was consensus about what needed to be changed (Gilgun & Sands 2012:351) to enhance parenting practices. As stated by Fawcett et al (1994:31), the change needed to be stated as an overarching goal.

The overarching intervention goal or aim that was agreed upon for the locally specific parenting support intervention was:

- To create a holistic early intervention for parents/ primary caregivers of children under nine years of age living in Welbedacht East, as motivated by the White Paper on Families in South Africa (2013), that would enhance their parenting practices.

Next, it was broken down into more specific tasks to address the specific elements that contributed to the problem (Fawcett et al 1994:31).

The specific tasks that were identified that would moderate the factors that interfered with the parents'/ primary caregivers' parenting practices were formulated into the following task goals:

- Life skills counselling to improve the psychological well-being of parents/ primary caregivers.
- Parenting education or guidance on how to improve child well-being.
- Financial literacy and home budgeting to enhance financial acumen.
- A *stokvel* to enable parents/ primary caregivers to access microfinance and save for their children's immediate and future needs.

- Small income generating projects with business skills training.

7.6 CHAPTER SUMMARY

Participants highlighted the complexities of trying to raise children in a community that lacked resources, services, and infrastructure. Their recommendations for resources needed to strengthen parenting practices in Welbedacht East included social work services and programmes, employment and training programmes, educational facilities for children, recreation facilities, healthcare facilities, more housing and adjustments to the design of their homes, transport, crime management, and traffic control.

The topics that the participants mentioned relevant to enhancing parenting practices in Welbedacht East were considered. Their recommendations were mostly consistent with topics associated with parents/ primary caregivers striving to achieve general indicators of 'good enough' parenting. Topics related to upgrading parents'/ primary caregivers' responsibilities for the physical health and development and safety of their children included hygiene; healthcare; routine; the safety of children; and planning for the child's future. For the promotion of parental competency in the domain of the social development and behaviour of children, suggestions included: teaching children manners and respect, parental modelling of manners, parent-child communication, discipline, sexual behaviour, and alcohol and drug awareness. For the parental advancement of the psychological and emotional development of the child, recommendations included understanding the child; developing effective parent-child communication; building the child's self-esteem; and children's rights. Only one topic was suggested to enhance parental engagement in the cognitive and intellectual stimulation of children: ensuring the child regularly attends school. Topics advocated for promoting parental foundational competence were mentioned. Their suggestions included encouraging parents/ primary caregivers to seek help when they needed it; parental empowerment; parental self-care; self-management; and co-parenting. There was strong support for parents/ primary caregivers to learn to become self-sufficient and develop skills that would enable them to augment the CSG.

The discourses highlighted the socio-structural factors that challenged parents/ primary caregivers, explaining why so many fell short of being 'good enough' parents. Accordingly, the aim of the locally specific parenting intervention was reconsidered. Instead of developing a parenting programme, a more holistic intervention was acknowledged as needed; a parenting support intervention. Parent support is defined as "any intervention aimed at parents intended to reduce risks and increase promoting protective factors for their children,

in relation to the children's social, physical and emotional wellbeing" (Moran et al 2004:21). The meaning of intervention is explained as follows: "things done to, or with parents" to prevent damage and promote strengths (Moran et al 2004:21).

The strengthening of parenting practices in Welbedacht East appeared to require a multi-focussed intervention, one that would target parents'/ primary caregivers' knowledge, skills and actions in several areas: self-awareness and self-care; income generating activities; positive parenting practices; and financial literacy.

The purposes and outcomes of the consultation workshop were discussed. The outcome of the discussions that took place between the participants of the study and service providers of Welbedacht East at the consultation workshop were used to structure an outline for the locally specific parenting intervention. The overarching intervention goal or aim that was agreed upon for the locally specific parenting support intervention was:

- To create a holistic early intervention for parents/ primary caregivers of children under nine years of age living in Welbedacht East, as motivated by the White Paper on Families in South Africa (2013), that would enhance their parenting practices.

The agreed upon task goals included: life skills counselling for the foundational competence of parents/ primary caregivers; parenting education or guidance on child well-being; financial literacy and home budgeting; establishing a *stokvel* / social money lending club; and the introduction of small income generating projects with business skills training.

This concluded Part 3 of the findings: identifying participants' perspectives of what a parenting support intervention for Welbedacht East parents/ primary caregivers needed to include. It answered the second overarching research question: "What should a locally specific parenting intervention entail?" It satisfied Step 5 of Phase 1 of the IDD Model, namely setting goals and objectives.

Chapter Eight is presented next. It addresses the objectives of Phase 2 of the IDD, namely information gathering and synthesis. It discusses the three objectives outlined by scholarly works: consulting available literature; studying natural examples of interventions; and identifying the functional elements of the interventions (Bailey-Dempsey & Reid 1996:212; Fawcett et al 1994:28; Gilgun & Sands 2012:351). The researcher presents literature related to the task objectives of the parenting support intervention. She provides a review of a few natural examples of parenting programmes intended for parents living in LSEEs in South

Africa and discusses her application of the Delphi method with the four community champions to confirm and refine the functional, contextual, and culturally relevant elements for the locally specific parenting intervention.

CHAPTER EIGHT:

AN APPLIED DESCRIPTION OF PHASE 2 AND 3 – INFORMATION GATHERING AND SYNTHESIS AND DESIGN OF THE INTERVENTION

8.1 INTRODUCTION

Chapter Five, Six and Seven presented the findings of the research interviews conducted with parents/ primary caregivers and community champions and created a detailed tapestry of the parenting concerns in Welbedacht East and the cultural and contextual factors, positive and negative, that affected their parenting practices. Collectively, the chapters offered a comprehensive description of why many parents/ primary caregivers living in Welbedacht East were unable to satisfy the indicators of 'good enough' parenting to promote the healthy development of their children and safeguard their well-being. The intention was to use this understanding to develop an intervention that would enhance parenting practices in Welbedacht East. The findings as presented in Chapter Seven explained how the aims and task goals of the locally specific parenting support intervention were achieved. The research process followed in Chapter Seven completed, Step 5, of Phase 1 of the IDD Model, "setting goals and objectives for the intervention", the final step of Phase 1: Problem analysis and project planning had been completed. There was evidence of the types of interventions that Welbedacht East parents/ primary caregivers desired to enhance their parenting practices. This was established from the data gathered from the interviews and verified at the consultation workshop. The goals and objectives (task goals) of the proposed parenting support intervention were refined. Potential recipients of the intervention were part of this process. Their needs being were publicly shared with stakeholders who offered Welbedacht East services and the consultation workshop was designed to ensure that local approaches to parenting could be integrated into the design of the local parenting intervention, in keeping with a socially inclusive process (Gidley et al 2010:134; Shortall 2004:115; World Bank 2013).

It was stated in Section 1.9.1 the scope of this thesis would report on the development of the locally specific parent support intervention up to Phase 3: Specifying the elements of the intervention and developing detailed plans for the implementation of a pilot version. This chapter is dedicated to discussing Phases 2 and 3 which would satisfy the overall research goal. The chapter is presented in two sections. Section 1 reports on the outcomes of Phase 2 and Section 2 reports on the outcomes of Phase 3.

The first section addresses the process and methods used in the information gathering and synthesis phase, Phase 2 of the IDD Model (Bernal 2006:145; Fawcett et al 1994:28). It reports on the three steps followed to accomplish this phase:

- Literature sources were identified and linked to task objectives of the proposed parenting support intervention.
- Natural examples of parenting programmes that targeted South African parents/ primary caregivers (particularly those living in LSEEs) were examined.
- Functional elements that would add value to the design of the parenting support intervention for the Welbedacht East parents/ primary caregivers were identified from the first two steps.

These three steps allowed the researcher and community to benefit from the experience and knowledge of other sources (existing information and natural examples). It allowed her to compare the goals and objectives of the proposed parenting support intervention with existing and evidence-based programmes to gauge their feasibility.

Section 2 details how the steps of Phase 3 were applied to achieve the broad outline of the design of the locally specific parenting support intervention. It explains how information collected from the literature review and natural examples were combined with the researcher's practice knowledge, problem-solving ability, and creativity to develop the design for the intervention (Bailey-Dempsey & Reid 1996:213; Thomas & Rothman 1994:9). The expectations of the experts of the IDD are that at this phase of the design one should be able to provide and outline of the programme elements. As noted by Fawcett et al (1994:34) the design team should be able to present elements such as the strategy, programme, environmental design variables, or procedures that are going to be used. The intention is to share the elements of the parenting support intervention that were prioritised, the proposed format chosen, detail about the facilitators and the human resources structure of the parenting support intervention would be, content and programme protocol (Bailey-Dempsey & Reid 1996:213).

A detailed account of the operationalisation of Phase 2 is presented first.

SECTION ONE: CONSULTING EXISTING EXAMPLES OF PARENTING INTERVENTIONS

This section offers detail about the information gathering and synthesis phase, explaining the methods used to identify existing sources and natural examples of parenting interventions to

satisfy the task objectives of Phase 2 of the IDD. As noted by Thomas (1989:580), developing interventions are challenging because of the lack of general criteria for appraising human service interventions. However, Thomas (1989:580) proposed four criteria to consider when designing interventions: their objective capability, measured by reports of their efficacy; their ethical suitability; their completeness, specificity, and the correctness of the intervention procedures and guides for those who will use it; and their usability, referring to factors such as simplicity, flexibility, affordability, consumer satisfaction, and applicability for the host environment. The discussion highlights the information collected about different interventions that were consulted which satisfied some of these criteria and benefitted the development of the outline of the parenting support intervention.

8.2 PHASE 2: INFORMATION GATHERING AND SYNTHESIS

The diagram presented explains the sequence of the three steps followed during this phase.

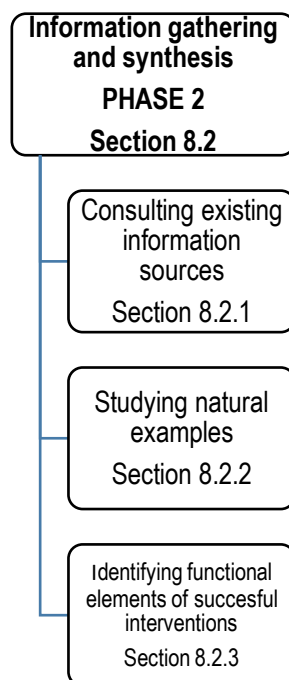


Figure 8.1: Phase 2 – Information gathering and synthesis

These three steps were consistent with the task objectives relevant to Phase 2 of the IDD Model (Bailey-Dempsey & Reid 1996:212; Fawcett et al 1994:28; Gilgun & Sands 2012:351).

The discussion commences with a review of literature sources about parenting interventions and identified functional elements that could be considered for the parenting support intervention for Welbedacht East.

8.2.1 Phase 2: Step 1 – Consulting Existing Information Sources

The plan for completing the first task, namely consulting existing information sources, was presented in Section 1.10.2.1. Guided by Thomas and Rothman (1994:9), the researcher gathered material that could be integrated into the locally specific parenting support intervention. The intention was to find evidence-based research on parenting support programmes (Thomas & Rothman 1994:11). Their relevance to this study was key (Thomas & Rothman 1994:11). Computerised databases were consulted as per the plan and recommended by Fawcett et al (1994:32). EBSCOHost was the most useful and relevant articles were located from databases such as Academic Search Premier, Africa-Wide Information, Education Resources Information Center (ERIC), PsycINFO, Social Work Abstracts, SocINDEX and Sabinet SA ePublications. References that were consulted are listed in the bibliography. The key search words and phrases were “parenting programmes”, “parent support interventions”, “parenting interventions”, and “parent education”. Whilst much of this information was presented in Chapter One, Two, Three, Five, Six and Seven, the information related to the goals and objectives for the locally specific parenting support intervention are presented in this chapter. As advised by Thomas and Rothman (1994:11), the sources were integrated and evaluated in terms of practicality for the local support intervention.

Parenting support is introduced first.

8.2.1.1 Parenting Support

Concepts of parenting support and parenting support interventions are explained first. The advantages of parenting support interventions explain their relevance for the Welbedacht East community.

a. Definitions of parenting support

Whilst the term ‘parenting support’ is broad and may mean different things, in the context of this study it has been given a specific meaning.

It is defined as any intervention for parents that aims to reduce risks and promote protective factors for their children, in relation to the children’s social, physical, and emotional well-being (Moran et al 2004:21). The success of a parenting support intervention is dependent on two things: the parents/ primary caregivers receiving the kind of support, help, or services they need, as well as being consulted and included in identifying the needs themselves (Moran et al 2004:21). The research process as followed in this study set out to achieve these two requirements as motivated in Chapter One (see Section 1.6.1 and 1.8) and demonstrated in

the research methods and methodologies that were applied as discussed in Section 4.4.5, which reiterated the importance of including parents/ primary caregivers in the intervention's development.

Daly et al (2015:12) refer to parenting support as a set of services and other activities that aim to improve how parents approach and execute their role as parents and increase parental access to child-rearing resources such as information, knowledge, skills, social support, and parental competence. They propose that parenting support specifically aims to ensure that the parent-child relationship is functional. Interventions are designed to improve parenting skills, attitudes, and feelings; extend parents' sense of coping and confidence; equip them with knowledge about child development, as well as available resources and support sources; engage them in social networks; and integrate them into the community. This is supported by Trivette and Dunst (2014:1), who simply explain that parent support is an intervention to increase the flow of resources and support that parents require to enhance the growth and development of their children. Several recommendations about the importance of strengthening parent-child relationships had been received from the parents/primary caregivers, but socio-structural factors reduced their capacity to achieve the level of parenting they desired. Additional support was needed to increase their capacity to tackle the distal factors that compromised their relationships with their children.

The explanation of parent support offered by Richter and Naicker (2013:15) resonated positively with the researcher. The authors suggest that parent support may be direct, such as targeting parental thoughts and behaviours to improve their parenting performance, or indirect, providing parents with social support, assisting them with employment or in other practical ways to minimise stress that interferes with their positive parenting practices (Richter & Naicker 2013:15). One form of parent support they recommend is increasing social support for parents, which includes enhancing and/or extending relationships with partners, peers, or professionals (Richter & Naicker 2013:15). The benefits of extended support for parents/ primary caregivers was discussed in Section 2.4.1.4, 2.6.2 and 2.6.3, referring to spaces from a social inclusion perspective, and support for parents/ primary caregivers at a meso- and exo-system level, noting that parenting support interventions help to expand supportive opportunities for parents, thereby creating positive outcomes and improving parental self-perception, coping, and mental health, which bodes well for parent and child well-being (Huser, Small & Eastman 2008:2; Richter and Naicker 2013:15). In addition, it is recognised that strengthening parenting knowledge and skills is best achieved through promoting parental interactions with formal and informal social network members as noted by Bronfenbrenner (Huser et al 2008:2; Trivette & Dunst 2014:2).

The terms parent intervention and parent support are often used interchangeably (Huser et al 2008:2). The decision to use the term parenting support intervention in this study was purposeful. Interventions, according to Mantell (2013:xv), depend upon professional knowledge being used to intervene, in this instance in parenting performance, by promoting independence, providing support, and preventing harm to reduce the neglect and abuse of children, and the mental and physical health issues experienced by parents/ primary caregivers. The intervention that was needed for the parents/ primary caregivers therefore had to go beyond parenting education to include comprehensive interventions, offering support as identified by the parents/ primary caregivers themselves.

b. Models of parenting support

As proposed by Engle et al (2007:234) there are two broad models of parent support:

- health-related interventions for parents and children; and
- education and/or general support for parents.

The health-related interventions are mostly directed at disadvantaged children under five years of age (Engle et al 2007:234). Best practice parenting support interventions that target health issues of children are noted to be collaborative efforts between government agencies, civil society, and parents/families that integrate health, nutrition, education, social and economic development, and motivate parents to develop partnerships with teachers and/or caregivers to support the development of their children (Engle et al 2007:234). The importance of integrating traditional child-rearing practices and cultural beliefs with evidence-based approaches is emphasised as being key to their success (Engle et al 2007:234). Home visiting is popular in health-based programmes that target hard-to-reach parents (Richter & Naicker 2013:17).

Education and general support interventions have two main purposes: to enable participants to bolster family level protective factors and reduce family level risk factors (Huser et al 2008:2). Relevant information is imparted to enable parents to make sound decisions in the interests of their children and link them with resources and support to produce optimal results of care for both themselves and the children. The interventions promote the development of new parental competencies to create relevant experiences and opportunities for the children to promote their learning and healthy development (Huser et al 2008:1).

There is a wide range of parenting support methods, such as group educational programmes, individual counselling, and peer mentoring. Other methods mentioned include establishing play groups and support groups and increasing information resources about medical and child care (Nelson et al 2001:7). Parenting education programmes are reported to be the most popular (Daly et al 2015:18; Moran et al 2004:39; Richter & Naicker 2013:9), although Richter and Naicker (2013:9) suggest, usually evident in high-income countries.

Parent support services are offered by several different sectors, such as health services, social services, education services, leisure services, youth justice, and criminal justice (Moran et al 2004:29). Parent support service providers may include professionals, trained para-professionals, and peer mentors (Richter & Naicker 2013:35). Providers of parent support services are discussed in Addendum FF.

The discussion that follows examines the advantages and limitations of parenting programmes.

8.2.1.2 Parenting programmes

Whilst one normally begins a discussion of a topic offering a synopsis of what is known about it, this will not happen in this instance. To avoid repetition, the information about parenting programmes gathered from research and practice are consolidated in a fact sheet, and presented as an Addendum (see Addendum FF). The addendum was compiled using information gathered from different sources of information about parenting programmes to create a conceptual understanding of what parenting programmes are and what makes them work. Sources that review meta-analyses of parenting programmes and /or practice examples that were particularly useful are Moran et al (2004:137-177) and Richter and Naicker (2013:55-136). The information presented in the addendum details operational elements of parenting programmes, such as the theories that they are based on, programme dosage, formats, content, presenters, and the characteristics of good parenting programmes. Much of the content in the information sheet is integrated in the discussion of Step 2: Studying natural examples. The benefits of parenting programmes and their limitations will be discussed next.

a. The benefits of parenting programmes

According to a global review of parenting support conducted by UNICEF, parenting programmes remain one of the most important forms of parenting support (Daly et al 2015:18; Incorvaia, Owen & Lansford 2010). They serve to improve parental knowledge, attitudes, and practices in relation to caring for children (Al-Hassan & Lansford 2011:587). Multiple claims have been made about their success in reducing child behaviour problems, improving parental

skills and well-being, and even facilitating family adjustment (Bunting 2004; Özdemir 2015:120; Mejia et al 2012:164; McGilloway et al 2012:117; Sampaio et al 2015:1035). Of interest to this study are claims that parenting programmes assist parents to improve the emotional well-being of children, which increases the resilience of children living in difficult circumstances (Gould & Ward 2015:1; Scott 2010:1). Noting the contextual realities of children in Welbedacht East, such an outcome would be valued. Additionally, local publications position that parenting programmes are an effective means for reducing high levels of violence in South African communities (Gould & Ward 2015:1; Wessels & Ward 2015:17) This was relevant as community violence was an exo-system stressor affecting Welbedacht East community members.

A corpus of literature is available which summarises and systematically reviews different parenting programmes (Lucas 2011:186). For this chapter, it is not necessary to present the range of parenting programmes that are available. Whilst literature consulted included scholarly reviews of meta-analyses of programmes, and practice-based publications were consulted, only the best practice characteristics and their advantages and disadvantages will be discussed. A more detailed factual review of parenting programmes is presented as Addendum FF.

b. Best practices of parenting programmes

The best parenting programmes have several proficient practices in common. They are programmes that:

- match the needs of the target population and are timed to reach parents when they are most receptive to change (Lester 2014:95);
- are built on a sound theoretical base which helps to guide programme development, evaluation and improvements, and determine programme activities (Moran et al 2004:7; Scott 2010:3; Ward & Wessels 2012:63; Ward & Wessels 2013:63; Whittaker & Cowley 2012:143);
- involve consumers in their development, to ensure that the programme is applicable to their needs and their cultural and contextual realities (Magee 2017:13; Mejia et al 2015:1012; Nelson et al 2001:7; Wessels & Ward 2015:19);
- have a pre-planned structure and address specific content, and usually offer supporting manuals (Scott 2010:3; Ward & Wessels 2013:20);
- are sensitive to the experiences of participants and consider aspects of the programme that may be experienced as barriers by parents (Lachman et al 2016:2340);

- pitch the programme intensity and dosage according to the severity of parenting problems and levels of parenting risk (high-risk parents benefit from higher intensity programmes that offer more sessions) (Lester 2014:95; Moran et al 2004:8; Wessels 2012:14);
- utilise a range of learning methods, particularly participatory ones (Furlong et al 2012:3; Wessels 2012:16);
- use well-trained and supervised facilitators who understand the importance of cultural competence (Axford et al 2012:2062; Engle et al 2007:234; Huser et al 2008; Ward & Wessels 2013:20; Wessels & Ward 2015:9);
- build social support among participants (Lachman et al 2016:2345; Whittaker & Cowley 2012:143); and
- link participants to external resources (Lipman et al 2010:2; Wessels 2012:12).

Whilst parenting programmes are popular, their limitations are noted, as presented next.

c. The limitations of parenting programmes

Pragmatism requires acknowledgement of the limitations of parenting programmes. The identified limitations were:

- Most parenting programmes originate from high-income countries.
As mentioned in Section 1.2.1, the relevance of parenting programmes for parents in developing countries remains questionable (Begle et al 2012:56; Holloway & Pimlott-Wilson 2014:96; Mejia et al 2012:170; Richter & Naicker 2013:viii). Their transferability from high-income to low-income countries such as South Africa requires careful review (Wessels 2012:9) as little is known about what programmes exist and whether the available programmes are effective (Lester 2014:96; Wessels 2012:9 Wessels 2012:9). They are mostly presented by the non-profit sector and fail to meet best practice indicators of parenting programmes (Ward & Wessels 2013:64). Debate continues about whether it is more efficient to use established evidence-based programmes developed in Western countries for developing countries because of their evidenced-based outcomes or use local programmes that have not been subjected to rigorous design development. It mentioned that evidence-based programmes transported from First World countries have made little effort to adapt their programmes for culturally diverse target groups (Lachman et al 2016:2337-2338). The least that should be done accordingly to Ortiz and Del Vecchio (2013:453) is to employ programme staff who share the same cultural background as the consumers of the programme; engage credible

community members in the process of adapting programmes to achieve contextual and cultural or 'ecological fit'; translate course materials into the home languages of consumers; and test concepts, language, and terminology with consumers to ensure that they are not patronising or irrelevant. Supporters of evidence-based programmes do not favour adapting evidenced-based programmes arguing that this reduces the efficacy (Mejia et al 2015:1005; Parra Cardona, Domenech-Rodriguez, Forgatch, Sullivan, Bybee, Holtrop, Escobar-Chew, Tams, Dates & Bernal 2012:58).

- Most parenting programmes are designed for middle-class populations.

Whilst the preceding criticism identified the lack of cultural sensitivity evident in parenting programmes, authors Ortiz and Del Vecchio (2013:452) and Mejia et al (2015:1005) complain that many parenting programmes fail to acknowledge the impact that SES has on parenting. Whilst Teixeira de Melo and Alarcão (2011:401) do not mention parenting programmes specifically, they observe that structural factors associated with being poor create complex needs for parents and the environmental, social, and cultural factors they contend with require broadened interventions. Factors such as lack of finances impose practical limitations on parents in LSEEs, affecting their ability to commit to the programmes. Ortiz and Del Vecchio (2013:452) recommend that programmes for marginalised participants should be more flexible to maximise their engagement.

- Attendance of most parenting programmes is reported as poor and dropout rates are high.

This is particularly noticeable amongst the neediest of parents (Lester 2014:70; Whittaker & Cowley 2012:138). The findings of Wessels (2012:44) reports that dropout rates amongst participants from LSEEs are particularly high when programmes involved more than one session.

- Practical barriers reduce the participation of disadvantaged parents.

The socioeconomic realities of low-income parents generate practical barriers that restrict their ability to participate (Wessels et al 2016:3). Typical barriers mentioned in the literature are grouped as cultural-specific, personal, and structural barriers, as will be briefly explained. Cultural-specific barriers include factors such as mistrust of mental health providers, lack of inclusion of ethnic practitioners, stigma associated with using mental health/ social services, scepticism of the treatment modality, and language incompatibilities. These discourage parents from participating in parenting programmes (Ortiz & Del Vecchio 2013:453; Wessels 2012:12; Whittaker & Cowley 2012:138).

Personal barriers are often related to the personal beliefs of parents for whom the programmes are intended, their poor mental health, significant others in their lives who may discourage them from attending, or simply that the programme does not address their most pressing needs (Wessels et al 2016:7). Structural inhibitors mentioned are factors such as: not having a childminder to take care of the children when attending the programme; unaffordability of the transport costs to get to sessions; demanding caregiving responsibilities, such as caring for sick relatives; attending court hearings; collecting social grants; not being able to take time off from work; inaccessibility of programme venues; and overwhelming parental concern about food security for their children (Lester 2014:70; Wessels 2012: 93; Wessels et al 2016:4).

- Questions are raised about the cost-effectiveness of parenting programmes. It is asked whether parenting programmes deliver results that justify their costs (Sampaio et al 2015:1035). For example, in England only 10 per cent of over 150 parenting programmes offered by social workers and volunteer practitioners could provide evidence of their efficacy (Scott 2010:2). Self-selecting Swedish parents of pre-schoolers who participated in an evaluation of the low intensity Triple P Positive Parenting Program reported no improvement in child behavioural problems or parental mental health (Sampaio et al 2015:1040). Parenting programmes that achieve the best outcomes are programmes that are long-term, intensive, flexible, and controlled by the local community (Nelson et al 2001:1). This is confirmed in Wessel's evaluation of parenting programmes in South Africa (Wessels 2012:93) which concluded that programmes need to be intense and of a long enough duration to achieve positive outcomes for low-income parents and offer follow-up interventions to sustain positive changes on completion of programmes.
- The reliability of evaluation studies of parenting programmes is questioned. Positive research results are mostly based on the immediate effects of programmes, rather than long-term ones (Özdemir 2015:123). Longitudinal follow-up studies of universal parenting programmes are scarce (Sampaio et al 2015:1035). Özdemir (2015:121) blames the problem on the complexity and cost of longitudinal research and notes that even longitudinal studies suffer methodological weaknesses. Parenting programme outcome research is further challenged because monitoring and evaluation procedures are often not considered from programme designs at the outset. Evaluation research is mostly in-house and seldom involve external evaluators (Wessels 2012:94). Linked to this, Wessels (2012:93) shares her greatest concern, namely that many programmes are not based on formal needs assessments (Wessels 2012:93). Without

a needs assessment, programme objectives are arbitrary and do not have criteria that can be used for evaluative purposes.

- Many parenting programmes are not founded on strong theoretical principles. Without a theoretical compass it is difficult to determine what the programme's objectives, methods, selected activities, or interventions should be, and impossible to measure whether they achieve positive results (Wessels 2012:15; Wessels & Ward 2015:25; Whittaker & Cowley 2012:145).

d. Conclusions about parenting programmes in relation to this study

Despite these limitations, parenting education has fast gained support. Some scholars argue that parenting education is a neoliberal strategy used by governments to impose middle-class values on disadvantaged parents in the hope of developing them into self-reliant income generating people who will not have to rely on the state (Gillies 2005a:70; Holloway & Pimlott-Wilson 2014:94; Strydom et al 2017:146). Policy driven initiatives are criticised for identifying parents as both the problem and the solution, reinforcing the misconception that disadvantaged parents do not know how to care for their children and need to be taught (Gillies 2005a:70; Richter & Naicker 2013:31). Holloway and Pimlott-Wilson (2014:94) argue that policies that rationalise parenting education for disadvantaged parents are misguided, assuming that parenting is "a context-free skill" that can be replicated when parents are taught the correct skills. This, according to Strydom et al (2017:146), perpetuates unfair judgment of those who are most dependent on government support. The authors argue that state efforts to drive parenting programmes diverts attention from the governmental neglect of affording trust, security and safety to its citizens which should be a guarantee in any just society (Strydom et al 2017:146). Others agree, suggesting that policy driven parenting programmes divert attention from the structural oppression of poor parents, despite socioeconomic, political and cultural contexts severely challenging the ability of parents to promote the well-being of their children (Gillies 2005a:70; Richter & Naicker 2013:31; Sewpaul 2005:312). It is unclear whether governments are reluctant to address these complex issues or whether governments lack the knowledge on how to tackle them.

The application of parenting support interventions for vulnerable parents/ primary caregivers living in challenging circumstances was not to be dismissed because the parents/primary caregivers had endorsed that one of the elements of the parenting support intervention would be:

- to offer a parent education programme to equip parents with positive parenting strategies to strengthen the parent-child relationship, improve the quality of parental care of the child's basic needs, and reduce harsh and punitive parental behavioural control methods.

The conclusion reached was that standardized parenting programmes in their current form would fail because they did not address the key stressors, such as poverty, unemployment that impeded parents'/primary caregivers' ability to care for their children. Accordingly, Trivette and Dunst (2014:4) advocate for more community-based parenting support interventions. Their proposal overlaps with the multi-component, community-based programmes referred to by Nelson et al (2001:7).

The practice of community family therapy as proposed by Rojano (2004:59) informs that problems that are commonly seen by mental health practitioners are symptoms of external stressors created by wider ecological spheres affecting people's lives. Limited access to resources and opportunities; the underdevelopment of families because of this lack; insufficient opportunities for families to enjoy positive experiences; chronic exposure to the stressful environments; and feeling disengaged from civic life are externally imposed stressors of a distal nature that need to be addressed (Rojano 2004:59). The external stressors he described are consistent with the experiences of the Welbedacht East parents/ primary caregivers.

The researcher therefore concluded that whilst there were several positive indications to use a parenting programme for the locally specific parenting intervention, careful consideration was needed about whether they would be enough. Did the Welbedacht East parents/ primary caregivers require more than parenting knowledge and skills to strengthen their parenting performance? Responding to Weidenstedt's (2016:8) caution that the empowerment of marginalised groups is more than making materials and opportunities available for their growth and improvement. When people receive help it is important that the process of helping should never undermine their self-esteem, affect their reputation, or decrease their self-respect, because that becomes harmful. Presenting a stand- alone parenting programme could reinforce parental/ primary caregivers' perceptions that others perceive them to be the problem and socio-structural factors that affect their lives are taken seriously. The parenting support intervention therefore had to be more holistic and realise the capacity of parents/ primary caregivers to address some of the external stressors affecting their parenting performances.

The activities related to Step 2, gathering information from natural examples, will be presented next.

8.2.2 Phase 2: Step 2 – Studying Natural Examples

“Studying natural examples is about discovering what has already been done” (Botha 2015:95). The plan to collect information from natural examples of parenting support interventions was discussed in Section 1.10.2.2. This section explains how the plan was operationalised and presents the findings of interviews with key informants associated with parenting programmes as relevant to this study. The discussion commences with the application of the research methods used.

8.2.2.1 *Research methods used to study natural examples*

The processes used to identify key informants of parenting programmes are explained, referring to criteria for their inclusion, sampling methods, and the sample used. It describes how key informants were prepared for the interview, the data collection tools used (face-to-face, semi-structured interviews using an interview guide), and how the information collected was recorded, transcribed, and analysed so that the collated findings could be presented in this section.

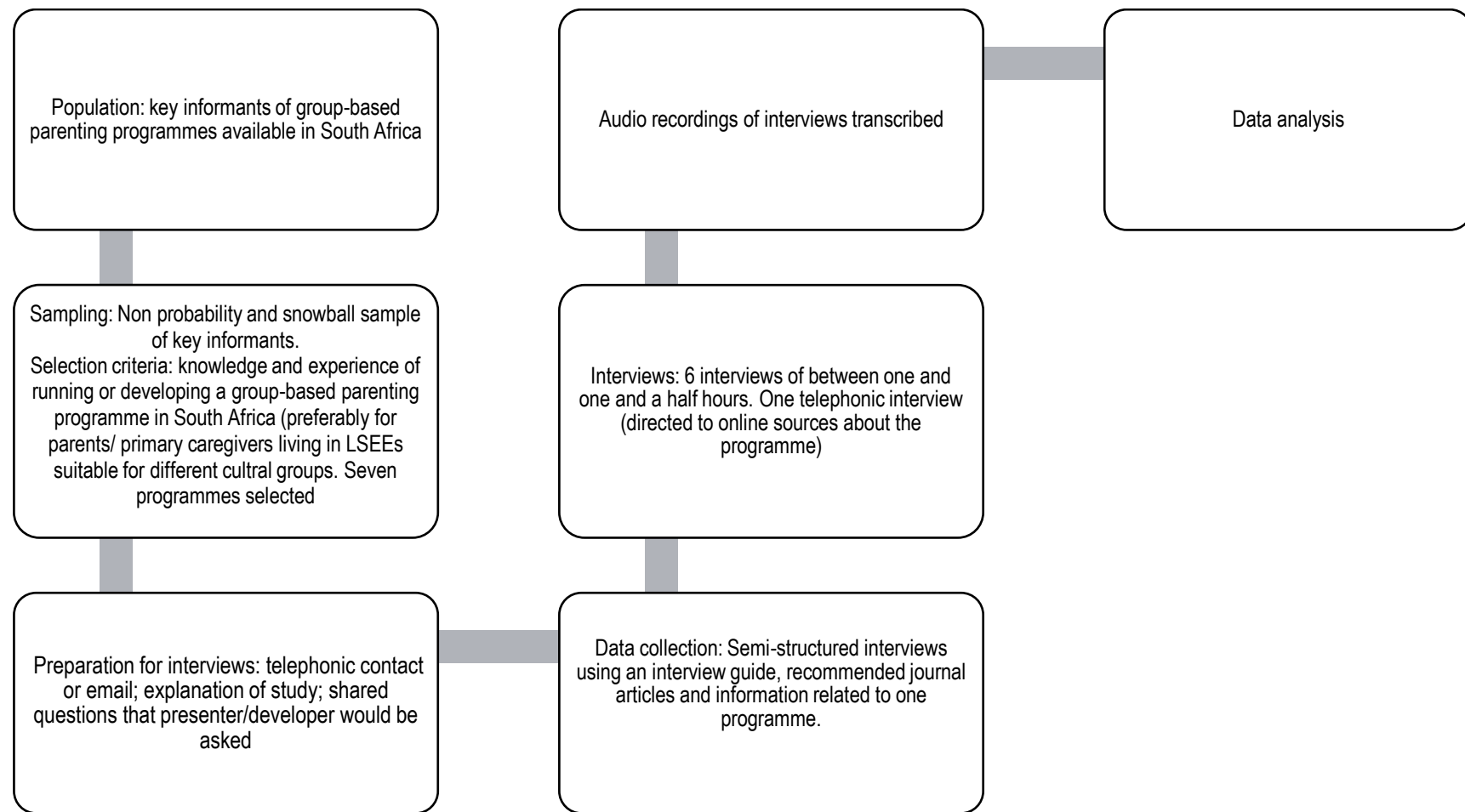


Figure 8.2: Research methodology Step 2 of Phase 2 – Studying natural examples of parenting programmes

As proposed by Thomas and Rothman (1994:13), the process of developing an intervention is connected to bringing the realities of practitioners and recipients together. This allows for meaningful, helpful interventions that can be generalised to others for use (Thomas & Rothman 1994:13). Information from practitioners involved in presenting/developing parenting programmes for communities like Welbehacht East would offer valuable practice knowledge. The researcher was particularly interested in culturally sensitive and appropriate parenting support programmes available to parents/ primary caregivers living in LSEEs in South Africa.

The criteria for inclusion was amended slightly to include programmes that offered practice information related to one or more of the objectives of the locally specific parenting support intervention that had been established (see Section 7.5.1.4). In part, this was because finding data on the variety and quality of existing programmes in low-income and middle-income countries was difficult, as confirmed in the literature (Knerr et al 2013:353; Mejia et al 2012:163), particularly in South Africa (Lester 2014:96; Wessels 2012:9).

The same sampling process that Wessels (2012:25) used in her evaluative study of parenting programmes in South Africa was followed; a combination of non-probability sampling (Monette et al 2011:149) and snowball sampling (Babbie 2013:559; Monette et al 2011:149). Using professional contacts and her practice knowledge, key informants linked to parenting programmes were identified. The key informants were presenters/developers of different parenting programmes willing to share information rich data about the programmes they were involved in (Babbie 2013:557; Marlow 2011:37; Monette et al 2011:506).

The researcher was aware of three parenting programmes that fitted the description and contacted the organisations that offered them. The remaining four parenting programmes were identified by key informants who were interviewed. The programmes included were offered in three different provinces: Gauteng, KwaZulu-Natal, and the Western Cape. Interviews were conducted in the cities where the programmes originated. The potential value of each parenting programme was considered before the interviews commenced. The selection criteria were that the consumers of the programmes had to have a similar profile to the parents/ primary caregivers living in Welbedacht East (predominantly Black women living in LSEEs, reliant on the CSG, and parenting alone); or the programme content had to address one or more of the objectives defined by the research participants for the locally specific parenting programme.

The researcher's interest was in the following:

- Group-based programmes, as indicated by the Welbedacht East research participants, to expand the social support of parents/ primary caregivers.
- Programmes aimed at strengthening parent-child relationships; improving parental/ primary caregiver well-being; and assisting parents to facilitate their children's well-being in the four domains of parenting, namely physical health, development and safety, emotional and psychological development, social development and behaviour, and cognitive development and education.
- Programmes that advanced the financial literacy of parents, and included content related to a savings club or stokvel and facilitated income generating activities.

These were commensurate with the parenting support intervention task goals established in the study.

Programmes that included a socioeconomic component for developing the capacity of parents could not be identified. The community development programmes did not typically include parent strengthening interventions. It was therefore decided to explore the seven parenting programmes identified. A valuable insight gained was that there is a lack in combined remedial and developmental interventions to support parents.

A person responsible for developing/presenting each programme was contacted via telephone or email. The purpose of the study and the reasons for approaching them to learn about their specific parenting programme were explained in the contact making communication. A person known to be associated with the programme was contacted and asked to recommend someone linked to the programme who should be contacted to discuss their willingness to share information about the programme. On receiving the name of the potential key informant, he/she was contacted to arrange a convenient interview time and meeting place. Key informants were informed about the questions that would be asked in advance, to allow them time to assemble information prior to the interview, a recommendation made by Wessels (2012:29), to allow interviewees time to gather information from others involved in their programme before the interview. One interview was conducted with each key informant and the interviews lasted between 60 and 90 minutes. Time was allocated during the interviews for key informants to share their insights about parenting programmes in general and ask questions about the researcher's study, which created a relaxed atmosphere. Personal contact with service providers such as key informants is known to make useful information available about different variables that affect the success of interventions (Fawcett et al

1994:32-33). The six open-ended questions were asked in a semi-structured fashion (Addendum CC). The advantages of using semi-structured interviews were: they allowed the researcher flexibility in exploring interesting leads or insights about different parenting programmes and broadened her knowledge and understanding about developments in the practice field of family support interventions (Babbie 2013:353; Marlow 2011:164); they achieved better, deeper responses from participants (Babbie 2013:258); they were consistent with the interactive, collaborative methods used to promote the participatory nature of the study (Monette et al 2011:244); the key informants were acknowledged as experts and the researcher an interested party (Royse 2011:264). The interviews were collegial exchanges rather than critical evaluations or comparative analyses of parenting programmes.

Six full interviews were conducted. The seventh interview was terminated at the request of the key informant. The key informant referred the researcher to a more senior person in the organisation who had in-depth information about the programme. A mutually convenient time for a face-to-face, electronic, or telephone interview with this person was not possible because she was leaving for an extended business trip overseas. She was collegial and wanted to help and sent electronic copies of documents related to the programme, referred the researcher to the organisations' website, and answered question electronically. When it was evident that the research questions could be answered it was decided to include the programme as one of the natural examples as it offered valuable insights for the Welbedacht East parenting support intervention design. The six interviews that were conducted were audio recorded and transcribed, adding the content from the seventh programme. All information gathered was collated and coded using Tesch's eight steps in the coding process (Creswell 2014:198).

The names of the participating programmes were excluded to protect the programme and key informants (to uphold the ethical principles of privacy, beneficence, and non-maleficence as presented in Table 4.6). Key informants were assured that their privacy would be protected in the initial introduction contact and reminded of this at the outset of their interview. The purpose of their participation was to share practice knowledge, for the researcher to benefit from their experiences of developing/presenting a specific parenting programme. This is referred to by Fawcett et al (1994:31) as "not reinventing the wheel". Key informants were assured that evaluation of parenting programmes, making comparisons to promote competition were not the reasons for collecting data but to benefit from their experience and strengthen the parenting sector (Wessels 2012:31).

Permission was obtained from each key informant to digitally record the interview and to allow the researcher to make field notes (Addendum E). Interviews were transcribed by the

researcher, and answers to the questions arranged in themes and coded. The themes identified in the interviews are presented in the next section.

8.2.2.2 *Presentation of findings of natural examples*

A consolidated table of the parenting programmes is included to provide the background information or motivation for the development of each parenting programme, its target audience, its definitive characteristics, and information about the programme developers.

Table 8.1: Natural examples of parenting programmes consulted reflecting the motivations for their development

PROGRAMME	MOTIVATION FOR DEVELOPING THE PROGRAMME
Programme A	<p>Concerned parents living in a community troubled by violence and substance asked the State President to intervene, as they complained that they had lost control of their children. A provincial task team was convened which included the Department of Education, the Department of Social Development, and the South African Police Services. A decision was taken to outsource the development of a parenting programme to a reputable private social work consultant who had extensive experience of working in that specific community. A programme was developed to provide parents with information on how to parent under challenging circumstances, and included preventive and intervention methods to address crime, substance abuse, poverty, disability and child abuse. The intention was that social workers from the Department of Social Development and the South African Council for Alcoholism would refer cases to the programme so that 500 parents would participate in this parenting programme.</p> <p>The response was poor, and the programme was redeveloped to train social workers and their managers to offer the programmes in the communities where they worked. The material could be used in working with families or groups of parents in the communities. The programme is now offered to any interested community members, such as religious groups, educators, and youth leaders.</p>
Programme B	<p>The programme was a joint initiative of UNICEF and the Department of Social Development. It was developed in response to global and national calls to improve the well-being of children under the age of five years. The objectives of the programme are to support parents and encourage positive parenting and discipline, whilst promoting the healthy development of children.</p> <p>Social workers are trained to train parents in different community settings, but the preferred target audience is the parents/ primary caregivers whose children are enrolled in ECD centres.</p>
Programme C	<p>This is not a locally-developed programme, but rather one imported from Canada after adapting it for several other developing countries. The programme is intended to guide parents on how to facilitate the healthy development of children from birth to six years. It targets low literacy, multi-cultural groups.</p> <p>The purpose of the programme is to offer parents information related to the healthy development of children, informing them of practical ways to promote the physical, intellectual, language and socio-emotional development of their children</p>
Programme D	<p>This is an American-based programme developed to raise parental awareness of the emotional and relational needs of young children, under the age of six. It highlights the importance of creating a strong parental-child bond for the child's healthy emotional development, assisting the child to achieve independence and self-regulate emotions to reduce child behavioural problems. The developers place emphasis on parental reflection and increasing empathic responses to the child. This generates a sense of security for the child who experiences the parent as one who is protective, wise, and kind. Parental modelling is a primary intervention used in this programme. Parents are helped to explore their own experiences of emotional attachment as a means of developing their insight about the way they respond to their children.</p>

Programme E	A local government department responsible for coordinating services for residents in a low-cost housing area identified the need for a locally specific parenting programme to increase parental understanding of child behavioural problems and parental skills to manage these behavioural problems. Using a wide angled scan of the community, several social problems were identified. Information about these social issues was developed. An underlying purpose of the programme was to improve parental support and parents' knowledge of resources that were available to them, in order to strengthen parenting practices.
Programme F	The development of this programme was a joint initiative between a national family service provider and a parent centre. Its purpose is to help parents and community members to improve parenting practices by making information available to support families living in high-risk communities where poverty, substance abuse, violence, and sexual abuse thrive. It has adapted a universal positive parenting programme for rural, urban, and peri-urban South African families. The programme is aimed at parents/ primary caregivers who have a Grade 9 or higher level of education and included a range of interventions to expose parents to information and skills to address the parenting issues they most struggle with.
Programme G	This programme was developed by a group of global experts in parenting programmes and South African community stakeholders to provide an evidence-based parenting programme for low-income families with children aged between three and eight years (Lachman et al 2016:2337). It is based on a contextualised understanding of the challenges faced by parents living in LSEEs, which include poverty, violence, and ill-health that is commonly associated with poor parenting and child maltreatment. The programme aims to increase positive parenting and reduce harsh discipline, whilst increasing parental psychosocial support. The group sessions are supported by home visits by community-based workers to participants who are identified as being in need of additional support or who miss sessions. It is one of the few programmes that has undergone randomised trials.

a. Parents/ primary caregivers targeted

All but one of the programmes were developed for parents living in LSEEs with low literacy levels. The programme that was not specifically developed for parents living in LSEEs was included because it offered comprehensive content on how parent-child relationships could be strengthened. This specific programme assisted parents to understand the connection between their parenting style and the intergenerational patterns of parenting they experienced and promoted the value of positive parent-child attachment for the emotional well-being and development of their children. The importance of strengthening the parent-child relationships amongst Welbedacht East parents/ primary caregivers and their children was identified (see Section 7.5.1.4). Four programmes were designed to improve parenting of children from birth to six years of age. The remaining programmes were for parents of all ages. As recommended by Lester (2014:95), it is advantageous to develop parenting programmes that focus on one or two developmental age groups, preferably younger children, as motivated by the key informants.

b. Social issues addressed

Five key informants stated that living in poor socioeconomic communities exposed parents/ primary caregivers to harmful social issues that affect parenting practices and therefore the key informants referred to these social issues during the presentation of the programmes. These are tabulated, identifying the social concern the programmes focused on in the first column specifying which programmes addressed them in the second column.

Table 8.2: Social issues addressed by the parenting programmes

Contextual issues impacting on parenting	Parenting Programmes that addressed the contextual issues
Crime, gangsterism, violence, and domestic violence	Programme A, E and G
Substance abuse	Programme A, E and F
Poverty	Programme A, B, F and G
Child abuse and neglect	Programme A, B, F and G
HIV, disability, and illness	Programme A, B and G
The sexuality of children and teenagers	Programme E and F

The mentioned social issues most commonly referred were poverty, child abuse and neglect. Parents received information about resources, types of interventions available, and the impact that social issues have on children. They offered guidelines on how to protect children from the identified social issues and how to talk about the issues with their children. Topics about

crime, gangsterism, and violence in neighbourhoods were popular. Two programmes included the topic of domestic violence. Substance abuse, HIV, disability, and illness were addressed in three programmes, one programme offered a comprehensive session on how parents/primary caregivers could assist children to manage grief and bereavement. As presented by Lachman et al (2016:2345), including specific content for low-income families in South African programmes is important.

The origins of the natural programme designs are presented next.

c. The origins of parenting programmes

The natural examples differed in terms of who was responsible for developing, designing, or adapting the programme for delivery in their current delivery contexts. The range of sources involved in the development of the programmes was wide: global organisations for the protection of the rights of children, national government departments, provincial government departments, local government departments, NPOs, and NGOs responsible for promoting the health, social and emotional well-being of children and families. Details of the parenting programmes' origins are tabulated, reflecting the differences amongst the natural examples consulted.

Table 8.3: The origins of the parenting programme designs

Developers	Programmes
Global organisations – programmes transported from other countries	Programme B, C and D
Programmes adapted for local communities (programmes integrated content from empirically validated parenting programmes)	Programme F and G
Programmes developed for locally specific communities	Programme A and E

Three of the programmes were associated with global initiatives to strengthen parenting practices and/or child well-being. They were transported to South Africa without content or the methods of delivery for local communities being validated. As mentioned by Richter and Naicker (2013:27), the risk associated with this is that such programmes may not be relevant to the context of AIDS and poverty as experienced in South African low-cost communities. Two programmes used parenting programmes developed in other countries with proven fidelity and adapted them to accommodate contextual and cultural differences, and/or pilot tested them before disseminating them more widely (one had disseminated the programme nationally and the other internationally). Two programmes were developed for locally specific communities based on the needs determined by professionals working with these communities. One programme has subsequently been disseminated throughout the province

in which it started. The evidence-based success of a popular parenting programme developed in Australia and adapted for a locally specific South African community has led to its dissemination to six other developing countries. Some success of parenting interventions developed in high-income countries and delivered in low- and middle-income countries is reported (Gardner 2017:1; Knerr et al 2013:352). Cultural and contextual adaptations are considered costly and complicated (Knerr et al 2013:361) and all but one of the programmes had followed an evidenced-based process of adaptation. The complexity of offering culture-bound parenting programmes from high-income countries to culturally diverse and socioeconomically disadvantaged communities has been reiterated throughout this thesis, referring to the works of several authors (Castro et al 2004:4145; Knerr et al 2013:352; Mejia et al 2015:1004; Richter & Naicker 2013:27).

Table 8.4: Theoretical underpinnings, programme topics, and programme format

PROGRAMME	THEORETICAL UNDERPINNINGS	KEY TOPICS	PROGRAMME FORMAT
Programme A	The programme integrates different theories: stress management; human development theory to explain the healthy emotional and social development of children; a relational theory of parenting; and protocols and available resources for dealing with challenging circumstances such as crime, substance abuse, disability and child abuse. The programme assumes that positive parenting behaviour can be learned when parents are given the correct information. Information from the universal parenting programme, Systematic Training for Effective Parenting, has been integrated into the programme.	<ul style="list-style-type: none"> • Parental self-care • Understanding child behaviour and developmental life stages • Children's rights and responsibilities • Parent-child communication • Effective discipline • Building the child's self-esteem • Using problem-solving in parenting • Protecting the child from harm: physical, sexual, and emotional abuse; substance abuse; social media 	<p>Group size: Between 25 and 30 participants</p> <p>Programme dosage: Eight sessions are conducted over two weekday mornings, on alternating weeks, covering two sessions per morning</p> <p>Programme modality: information sharing and group discussion, but not group counselling. When individual problems are identified, the participant is referred to a social worker for counselling</p> <p>Programme materials: Manuals are provided to trainers and handouts are available for participants.</p>
Programme B	The programme was based on child development theories and integrates National Early Learning and Development Standards, Integrated Management of Childhood Illness Strategy (IMCI), and Key Family Practices (KFP)	<ul style="list-style-type: none"> • Rights and responsibilities of parents and children • Health and nutrition • Play and creativity • Physical development of the child • Social and emotional development of the child (addresses promoting the child's confidence) • Intellectual and language stimulation • Child safety and protection • Healthy family relationships • Discipline • Dealing with grief and bereavement • Self-care of the parent/ primary caregiver 	<p>Group size: 15 or more participants. When there are more than 20 per group, the activities must be adjusted.</p> <p>Programme dosage: 12 sessions of three hours each. Some trainers condense the programme over four weeks, addressing three topics per week to accommodate their workloads.</p> <p>Programme modality: There is a set format for each session: welcome and introduction of the session; two to three experiential activities related to session theme; information sharing</p>

			<p>by trainer; summary of key messages; and self-evaluation by each participant.</p> <p>Programme materials: A training manual is provided to the trainer and handouts are given to participants at the end of each session. Trainers are expected to have a list of the resources that are available to the community that they are presenting the programme to.</p>
Programme C	<p>The programme integrates human developmental theory and includes knowledge about neuroscience to educate parents about the value of ECD and their role in promoting the cognitive and intellectual stimulation of children at an early age. A section is included on attachment theory and included the Circle of Security Theory.</p> <p>Evans, Myers and Ilfed are associated with this parenting programme.</p>	<ul style="list-style-type: none"> • Early years: the development of the brain • Attachment • Child physical development • Developing the child's sense of self and relationships with others • Developing parental understanding to promote parent-child communication • The importance of play • Toys and toy making • Guiding behaviours • Child nutrition and health • Putting all it all together 	<p>Group size: Between 15 and 20 participants in a group.</p> <p>Programme dosage: An hour and a half should be allocated for each theme. The number of sessions may be reduced by combining two themes per session so that participants meet over five weeks.</p> <p>Programme modality: The session commences with the leader facilitating discussion around an introductory picture to bring out participant experiences and knowledge of the topic. The leader then introduces information from the manual to augment the knowledge that participants have shared. An experiential exercise is introduced by the facilitator to allow participants an opportunity to practice the skills that they have been taught and offer them feedback about their application of the newly practiced skill. A take-home practice exercise is assigned for participants to rehearse the newly acquired skill at home. The next session commences with participants sharing their experiences of implementing the skills.</p>

			<p>Usually the session on nutrition and health should be presented by a healthcare professional</p> <p>Programme materials: A manual is provided for the leader and five handouts that consolidate guidelines for parents to meet the physical, intellectual, language and socioemotional development needs of children at different developmental stages are duplicated for participants and presented from session three onwards.</p>
Programme D	<p>The programme is based on Bowlby's attachment theory. The three assumptions on which it rests are: that parents need to offer their children a safe holding space which allows the child to develop sufficient security to venture out to explore the world; parental responses to the child's need for support prepares the child for future lifelong relationships and guides the child through parental modelling to self-regulate; and parents need to develop a balanced relationship with the child, being encouraging, supporting and delighting in the child's exploration on the one hand, but being receptive to the child when the child needs protection, comforting them and verbalising of their needs. Parents explore their own experiences of parent attachment to understand the parent-child dynamics in their relationship with their child. Bad behaviour is symptomatic of the child not being able to read their needs properly and parents are the agents who facilitate this until the child</p>	<ul style="list-style-type: none"> • The child's alternating needs for attachment and exploration • Reading the child's needs that lie beneath their behaviour to develop appropriate parental responses • Developing effective individualised responses to the child's bad behaviour • Developing the parent to be stronger, wiser, and kinder in parent-child interactions • Helping parents to analyse parent-child interactions to recognise what they are doing or not doing to meet the child's needs • Creating parental awareness of their own vulnerabilities which interfere in the parent-child relationship • Teaching parents to be calm, label the child's needs and feelings, take responsibility for their role in parent-child conflict, and generate options for resolving situations • Summary and celebration 	<p>Group size: Small groups of approximately 12 parents.</p> <p>Programme dosage: Eight themes are addressed in four weekly sessions, each session lasting four hours. Two themes are addressed in each session.</p> <p>Programme modality: Video clips of parent-child interactions are viewed at each session. The facilitator teaches parents how to read the child's cues, making sense of the child's behaviour, and developing an effective response. The facilitator encourages parental self-reflection through posing regular self-reflection type questions. Take home assignments are allocated weekly to generalise the application of skills in the home situation. The next session allocates time for feedback about parental experiences of applying skills to real life parent-child interactions.</p>

	reaches emotional maturity to do that on his/her own.		Programme materials: Training manuals have been developed for the facilitators, handouts are created into booklets for participants; and video clips demonstrate the concepts for each session.
Programme E	The programme does not rely on a single intervention theory but integrates theory of the aetiology of child behavioural problems; cognitive behavioural theory, relational theory and contextual information about protocols and resources for addressing social problems.	<ul style="list-style-type: none"> • Introductions and establishing group norms • The origins of behavioural problems in children • Managing the child's behavioural problems • Promoting a loving parent-child relationship through parental touch, affirmations, quality time, gifts, and acts of service • Substance abuse and children • Sexual activity amongst children • Gangsterism and juvenile crime • Changing societal values and moral regeneration through positive parenting 	<p>Group size: Groups of approximately 20 parents</p> <p>Programme dosage: Eight themes are addressed in eight weekly sessions</p> <p>Programme modality: Workbooks have been created that participants work through at each session. They complete the exercises in their workbooks, discuss their responses in the group, and the facilitator offers didactic input from the trainer manual. The sections on the social issues follow a different format. The facilitator offers theoretical input about the aetiology of each social issue; presenting problems and incidence; case studies for discussion; different interventions available; prevention strategies; and referrals and resources.</p> <p>Programme materials: Facilitator's manual and workbooks for participants.</p>
Programme F	The programme is based on the positive parenting approach. It has expanded this theory to include information related to social issues such as violence, sexual abuse, substance abuse, and public benefits.	<ul style="list-style-type: none"> • Child development, needs, individual temperaments, personal life-experiences • Effective parental communication: listening, reflecting the needs that underlie the child's behaviour • Building the child's self-esteem: dangers of labelling, recognising positives, offering praise 	<p>Group size: Groups of approximately 20 members.</p> <p>Programme dosage: The programme is intended as 10 three-hour sessions, but because of time and financial constraints of organisations that run them they are often condensed into fewer half-day sessions.</p>

		<ul style="list-style-type: none"> • Effective parent styles: aggressive, assertive and passive; using “I” messages; managing anger; using empathy; content and action messages • Inculcating self-discipline through effective, non-punitive behavioural control measures • Building 	<p>Programme modality: A time-plan and programme is provided for each session. A range of suggested activities are included in the programme: ice-breakers, participant discussion topics; role plays; problem solving scenarios; and brainstorming exercises. The facilitator has a time slot in each session to offer didactic input.</p> <p>Programme materials: A trainer manual, PowerPoint presentation and participant manuals with handouts and posters are available, and includes the formats for attendance registers, enrolment forms, and evaluation forms. (Because of lack of resources the participant manuals are seldom issued and trainers multi-copy the relevant sections and exercises to cut costs).</p>
Programme G	<p>The programme is based on the positive parenting approach that teaches positive parenting skills, prevention of child maltreatment, and developing healthy family relationships. Behaviour change techniques that feature strongly include those that strengthen the proximal relationship between parent and child and develop limit-setting and fair, non-harsh discipline. Stress and stress management theory is included to teach parents/ primary caregivers how to self-regulate. The programme is evidence-based and has undergone a process of developing a locally specific programme that is contextually and culturally relevant.</p>	<p>There are two distinct parts:</p> <p>Positive parent-child relationships:</p> <ul style="list-style-type: none"> • Establishing parent goals around child behavioural outcomes • Creating special time for parent and child and the value of child-led play • Naming feelings and actions through descriptive commenting • Using praise that is specific and labelled • Using rewards and encouraging positive behaviour <p>Within these topics, locally specific aspects highlighted are: the value of child-led play; parent-child engagement in daily chores and</p>	<p>Programme dosage: 12 sessions conducted weekly and each session is approximately two and a half hours long.</p> <p>Programme modality: Each session is introduced with a South African story related to the session's theme. This is followed by a group discussion on parenting principles, using role play to rehearse parenting skills; prescribed take-home activities to generalise the learning to the home context; and group problem-solving related to typical home challenges shared by participants. Text messages are used to stay connected with participants and encourage regular attendance and remind them of home-based activities they</p>

		<p>household routine; developmentally relevant ways to address HIV and AIDS and grief and bereavement; stress management for parents; including fathers in caregiving.</p> <p>Limit-setting and discipline:</p> <ul style="list-style-type: none"> • Instruction-giving that is positive and clear • Setting household rules • Ignoring negative attention-seeking behaviour • Applying time-out to address aggressive and non-compliant child behaviour • Applying natural consequences • Involving children in problem solving <p>These topics integrated contextual and cultural elements such as: parents modelling and teaching children respectful behaviour and enhancing the safety of children in high-risk communities through curfews and protective parental monitoring.</p>	<p>are expected to complete. Individualised home visits by a community worker are used to follow up on participants who miss sessions or who require additional support in the form of one-on-one coaching. Social support between group members is encouraged. Transport costs to sessions are covered and a light meal is served at sessions</p> <p>Programme materials: a facilitator manual that includes illustrated stories and comic strips that demonstrate positive parenting skills being applied. Illustrations include rural and urban settings and position fathers fulfilling caregiving functions. The manual has been professionally translated into isiXhosa.</p>
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A determiner of successful programmes is whether they rest on a strong theoretical foundation. The theories on which the natural examples were based were of interest to this study.

d. Theoretical base of the programmes

As noted in when consulting the existing sources of information about best practice parenting programmes, those with a strong theoretical framework were more successful (Moran et al 2004:7; Scott 2010:3; Ward & Wessels 2013:63; Wessels 2012:31; Whittaker & Cowley 2012:143). The different parenting programme theories are listed in Addendum FF. Behavioural and social learning theories reported the best outcomes (Gardner 2017:1; Lachman et al 2016:2339; Lachman Kelly et al 2016:190-192). Social learning theory is acknowledged as being relevant to changing parents' attitudes about harsh parenting (Lachman et al 2016:2339) and have reported good outcomes for high-risk families (Nelson et al 2001:3). Relational theories have evidence-based success in terms of enhancing parent-child relationships but not on their own (Lachman et al 2016:2339).

The natural examples used a wide range of theories, as reported in Wessels' (2012:55) study. Some of the key informants were not familiar with the theoretical foundations of their programme, but after listening to their explanations of what they did and what was included in their programme and how they achieved their goal it appeared as though four were based on behavioural and social learning theories, one was based exclusively on relational theory, and two were eclectic, combining different skills and techniques from different approaches and using the presenters' own practice experience of their locally specific community.

The content included in each natural example is presented in Table 8.4 to reflect the range of topics offered. The consolidated content is discussed next.

e. The content of the parenting programmes

The review of popular parenting topics identified in the literature search is presented in Addendum FF. The topics offered in the natural examples are presented according the four domains of "good enough" parenting as well as the domain of foundational competence of parents.

- **Topics related to parental responsibility for promoting the physical health, development and safety of the child.**

Several programmes addressed themes related to the importance of parental responsibility for the health, protection and safety of children, informing parents of the

nutritional requirements of developing children. Programmes developed locally collaborating with local parents during their development and design included topics related to contextually motivated social issues, associated with living in a high-risk neighbourhood. Topics such as substance abuse, crime and violence, child abuse, and the sexuality of children and teenagers were included in those programmes.

- **Topics related to parental responsibility for promoting the psychological and emotional development of the child.**

Most of the presented programmes presented topics that would increase the child's self-esteem, build the child's confidence, and provide the child with emotional security. Behavioural methods were used to teach parents to use parental empathy, listen actively and offer reflective commentary. Some natural examples helped parents to recognise their parenting style and be more reflexive about their experiences of how they were parented themselves, using these insights to regulate their style of parenting and responses to their children. Parental demonstrations of acceptance and love were motivated to regulate child behaviour. Two programmes taught parents how to identify what needs were responsible for their children's bad behaviour, and how they could help the child to express his/her needs and label emotions. The importance of increasing special parent-child time and opportunities for children to play was addressed less frequently. Two programmes included topics related to helping parents/ primary caregivers manage the grief and bereavement of children, which is of importance for countries with a high prevalence of HIV and AIDS (Lachman et al 2016:2343).

- **Topics related to parental responsibility for promoting the social development and behaviour of the child.**

Most programmes (five) included topics about discipline; managing child behaviour using non-violent means such as time-out, ignoring attention seeking behaviour, offering the child alternatives, and using realistic natural consequences, to reduce punitive disciplinary practices. Setting limits, establishing household rules, and allocating household chores to children was included in one natural example to uphold a culturally endorsed parenting practice, valued by the locally specific community for which it was intended. Two natural examples addressed problem solving and topics related to strengthening families and improving family dynamics, such as how to hold family meetings and promote family values. Programme content that promotes family strengthening, not typical in parenting programmes, is acknowledged by Richter and Naicker (2013:15) as relevant to parenting support interventions. One of the parenting programmes had allocated one session to motivate for the inclusion of fathers as

caregivers in their children's lives. One key informant shared that their programme allocated one session to helping parents recognise that positive parenting was a means of achieving moral regeneration and re-establishing healthy social values in high-risk communities.

- **Topics related to parental responsibility for promoting the cognitive development and education of children.**

Topics related to motivating parents/ primary caregivers to facilitate the cognitive development and education of their children were less popular. Four natural examples included content related to this domain of parenting. Their focus was to inform parents about the developmental stages of children to guide parents to develop realistic expectations of their children in terms of the child's reasoning, impulse control, and capacity for independence and autonomy. There were two natural examples that included topics to promote parental engagement in the cognitive development and education of the child, particularly to ensure the child's school readiness.

- **Topics related the promotion of the foundational competence of parents.**

Several natural examples included topics to educate parents about the importance of parental support and taking care of their personal needs. There was general agreement that the group format used in programmes was intended to increase social support and promote social inclusion of parents/ primary caregivers. Topics related to stress management, arranging a 'time out' from household and parenting responsibilities, and the health management were popular topics in this domain. One natural example allocated a session to assisting parents/ primary caregivers to identify how their personal emotional issues affected the parent-child relationship and communication pattern.

Most of the topics mentioned were consistent with those recommended by participants in the study. Parental responsibility for the cognitive development and education of children did not feature strongly, nor was there as much interest in teaching parents' children's rights, a topic that participants in this study were interested in.

Feedback received from the key informants about the formats they used for their parenting programmes is presented next.

f. The formats of the parenting programmes

The formats used by the reviewed programmes are discussed in terms of their dosage and group sizes.

Most of the parenting programmes offered eight sessions as advocated by Lipman et al (2010:2), Lucas (2011:183), Scott (2010:3), and Ward and Wessels (2013:61), but because of practical factors they were condensed into four double sessions, over four weeks. Some suggested this was to accommodate parents who could not afford to take time off from work to attend sessions, reduce participants' transport costs to get to sessions, whilst others shared that they did so in response to their organisation's rationalisation of spending in response to funding cuts. Only one programme was offered over weekends to accommodate working parents. The greatest number of sessions offered in a programme was 12. In their review of parenting programmes, Knerr et al (2013:358) note that programmes delivered over a three- to six-month period that offer between five and 15 sessions have the best outcomes.

The formats of the reviewed programmes were quite similar. They were mostly conducted with groups of between 20 and 25 members. Only one programme, a relational programme that restricted the number of parents to 15 per training group. One of the key informants noted that when the number of participants was increased to about 20 participants, activities had to be adjusted and the facilitator's role became more instructive. As mentioned in Section 8.2.1.2b, programmes that rely on didactic learning approaches do not yield the same positive results as those that integrate practice-based learning activities (Lachman et al 2016:2339). Group-based participatory learning methods were generally popular and amongst those mentioned were: facilitating group interaction, behavioural rehearsal, and modelling. When pressed to meet targeted outputs group sizes were increased at the expense of participatory learning activities. The disadvantage of larger group sizes when participatory learning activities were initiated participants forfeited personalised feedback and correction from the presenters.

The key informants complained about the cost-cutting exercises that their organisations had to introduce because of reduced government subsidies. The impact of cost-cutting measures in welfare services as reported by Strydom et al (2017:153), note that preventive and early intervention services have suffered, with parenting programmes being offered, at most, once or twice a year by child and family welfare organisations. They refer to social workers being under pressure to achieve service plan targets, at the expense of developing programmes to address the needs of client systems (Strydom et al 2017:155). Some key informants commented that the efficacy of their programmes was compromised, but they were not left with much choice.

The relevance of the reviewed parenting programmes for the South African context will be briefly mentioned and the measures that the natural examples took to adapt or develop their programmes for the targeted parent/ primary caregiver audiences are shared.

g. Key informants' perceptions about the relevance of programmes for the South African context, and cultural and contextual adaptations

As was mentioned in Section 2.6.6.1b and 2.6.6.1c parents of different cultures have different ideas about parenting, address parenting tasks differently, and value different parenting outcomes (Bornstein 2012:212; Bornstein 2015:4; Cauce 2008:227). Others argue that the outcomes of intimidating parenting results in child maltreatment and disruptive child behaviours and that efforts to address these negative patterns are relevant to any country (Gardner 2017:2). Parenting programmes offered to for low- and middle-income countries (Knerr et al 2013:359) for culturally and linguistically diverse communities (Deans et al 2016:17), even those living in low-resource settings are well-motivated (Mejia et al 2015:1011). Cultural and contextual factors have to receive consideration when deciding to transport parenting programmes from one context to another. Consideration is needed in the following areas: distinctive cultural beliefs about parenting and child behaviour; the diversity of family compositions (such as extended family systems, children raised by kinship carers, and child-headed households); language differences and varying literacy levels; different levels of poverty and socio-structural pressures, such as the impact of HIV and AIDS on families; practical issues, for example access to resources such as water and electricity; safety issues; and the prevalence of crime and violence in their neighbourhood (Knerr et al 2013:363). As reported by Mejia et al (2016:630), literature on the efficacy of parenting interventions for culturally diverse populations remains underdeveloped.

The natural examples consulted included parenting programme interventions from other countries to a greater or lesser extent. Three programmes as presented in Section 8.2.2.2c were transported from other countries with minimal modifications. As rationalised by a key informant, the programme they selected had evidence-based outcomes in other developing countries that mirrored the same socio-structural stressors experienced by South African parents living in low-cost communities and therefore adaptations were not necessary. Two programmes were specifically developed for communities, to support parents to manage contextual factors but had not consulted their consumers (community members) about the applicability of the interventions. Two programmes made culturally sensitive adaptations as advocated by Knerr et al (2013:363) mentioned in Section 8.2.2.2c, acknowledging the diversity of family compositions, cultural beliefs about parenting and child behaviour; trying to

make sure that the programme was offered in the mother tongue of participants, and took into consideration the poverty as experienced by participants, and their exposure to neighbourhood threats (Knerr et al 2013:363). One of these programmes had been systematically developed by identifying relevant elements of evidence-based parenting programmes, then verifying these with the community members for whom the intervention was intended, and finally adapting the intervention collaboratively with potential consumers. The other conducted a pilot test of the developed programme and then modified the programme based on feedback from the participants before disseminating it to others.

Usually, programmes transported from one setting to another make superficial adaptations (Gardner 2017:10; Knerr et al 2013:363). Superficial modifications include: translating material or manuals into the language of the new setting; making sure that programme illustrations and vignettes reflect local circumstances and conditions; introducing culturally appropriate group rituals in sessions, such as starting sessions with songs of praise and a prayer; using role plays and stories instead of programme videos; and changing the literacy level of the materials to suit parents with lower literacy levels (Gardner 2017:10; Knerr et al 2013:363). Usually these are helpful and do not compromise the fidelity of the intervention, as they do not interfere with the underlying programme theory (Knerr et al 2013:363). Several key informants referred to superficial adaptations that were made to their programmes to demonstrate cultural sensitivity. Three key informants stated that they made these changes themselves, without support or guidance from the programme developers. Mostly their efforts included embracing culturally specific songs, stories, and games; changing the case examples to make them more locally specific; simplifying hand-outs; and using role plays. A common complaint was that the language of programme delivery was mostly in English and programmes were seldom available in other official South African languages. Whilst two of the internationally transported programmes had translated their manuals into different languages for other countries, they had not been translated into any of indigenous South African languages. Two of the reviewed programmes were offered in indigenous languages (one in isiZulu and the other in isiXhosa). The absence of translated manuals for locally specific communities was considered a serious limiting factor. However, it was acknowledged that translations were costly and given the financial position of welfare organisations, programme presenters were doing the best that they could with the resources they could access.

Consultation around factors such as language, population, metaphors, content, concepts, goals, methods, and the political, economic and social environment should take place before using existing parenting programmes (Lachman, Kelly et al 2016:189). The structured process of the cultural and contextual adaptation of one of the programmes could be followed because

a substantial research budget was granted to achieve this. Other programmes were not that lucky.

Two international programmes were transported for South African parents without and modification or preliminary contextual and cultural research. The programme from Canada, offered limited reliable evidence of the programme's success in other developing countries. The other was a relational parenting programme developed in the USA and the key informant referred to its successful application in other First World countries such as Denmark, Italy, Japan, Norway, Spain, and Sweden.

Adapting programmes is usually costly. There are several expenses that are incurred in doing so which developing countries often could not afford, such as license fees, training costs, and the expense of developing and testing the programme in the targeted country (Gardner 2017:10). Financial constraints may explain why some programmes had not undergone cultural adaptation processes. The key informant of one of the programmes reviewed stated that they had acquired an international programme at minimal cost. That programme had an ECD health focus and had been adapted from a WHO/UNICEF programme specifically to be used by non-profit organisations (NPOs). The programme had undergone randomised trials in several low-cost communities in other developing countries. One of the programmes had purchased the licence to offer the programme in South Africa at great cost and therefore targeted middle- and high-income families who could afford to pay to attend.

Minimal inclusion of programme had taken place during the development and design of their programmes for South African parents, except for the programme that had systematically adapted an evidence-based parenting programmes for the benefit of the local community. One of the natural sources hosted an information session for potential participants before launching the programme, in the hopes that it would clarify the needs of potential participants. Only 11 parents/ primary caregivers out of a target group of 500 attended. Six programmes offered no evidence of authentication. Contrary to the recommendations of authors Chikadzi and Pretorius (2011:265) and Bar-On (2003:26) six of the programmes had failed to undertake a systematic exploration of parents'/ primary caregivers' values, beliefs, customs, and cultural norms, to understand how these impacted on their parenting practices. The most evident reasons given included: practice knowledge of programme developers took precedence over the developing and designing contextually and culturally relevant programmes, financial constraints of programme presenting organisations, and lack of knowledge of the importance of cultural adaptations, There would be a risk that the intended outcomes of the programmes would not be achieved (Castro et al 2004; Lachman, Kelly, et al 2016:189).

A compilation of the key informants' perceptions of the advantages and limitations of their programmes is presented next.

h. The identified advantages of the parenting programmes

The key informants' perceptions of the positive elements of their programmes are consolidated next. Many of their comments overlapped. The characteristics are arranged in several sub-categories: the content of the programmes; the programme format, protocols and materials.

• Programme content

The main positive elements that the key informants identified were that their programmes:

- focused on the holistic development and well-being of the child;
- taught parents how to establish caring, empathic parental responses and increased the child's independence and emotional security;
- enabled parents to distinguish between positive behavioural control and punishment, and move away from corporal punishment;
- adopted a dual focus, making parents more reflective about how they manage the parent-child relationship and the factors that underlying factors that affect this relationship;
- included stress management skills for parents/ primary caregivers;
- taught parents to model self-regulating behaviours for their children;
- focused on self-care for parents/ primary caregivers to strengthen their resilience;
- offered reliable information, not just about parenting practices, but also about social realities such as substance abuse, juvenile crime, children's sexuality, HIV and AIDS, engaging fathers in the caregiving of children, and protecting children in high-crime communities;
- enlightened parents/ primary caregivers about resources relevant to parenting and directed parents to where they could source help; and
- increased social support for parents/ primary caregivers.

The next category refers to the positive characteristics of group formats, protocols, and programme materials as identified by the key informants.

- **Group formats, protocols, and programme materials**

Key informants identified several factors related to the group formats, protocols, and programme materials they used. They reported that the following factors were advantageous:

- Group formats increased social support, and parental knowledge of resources and opportunities, and established peer support outside programme sessions.
- Programmes were adjusted to the low literacy level of the parents and made use of low literacy designs.
- Some had well-developed manuals for trainers and participants and/or simple session handouts for parents on each topic. These contribute to programme fidelity.
- Participatory learning activities created opportunities for participants to practice the skills they had learned.
- Some of the programmes had been adapted to target specific audiences, such as teenage mothers, grandparents, non-biological caregivers, and parents with irritable babies.
- They were flexible, for example combined sessions to accommodate the needs of participants.
- They provided participants relevant information, practical to their everyday home situations, and assisted them to develop parenting resources from readily available objects and materials to encourage parents to play or stimulate their children's learning/development.
- Low-cost interventions such as community-based facilitators rather than professionals were used.
- Their facilitators were properly trained in group facilitation skills, parenting principles, specific programme content, and participatory learning methods, and were offered ongoing supervision to support them, and build their confidence and skills.
- Follow- ups with group members who missed sessions or who required additional support outside of sessions.
- Some offered incentives for participants, such as remuneration of their transport costs to attend sessions, lunches and refreshments, or food parcels for those in need.

Lastly, those characteristics related to the transferability of programmes and/or the empirical validation of outcomes are presented.

This leads the discussion to the factors that key informants identified as responsible for reducing the effectiveness of the programmes they were involved in.

i. Limiting factors of the reviewed parenting programmes

The shortcomings of programmes that the key informants mentioned are grouped according to the following sub-categories: poor enrolment, poor attendance, and high dropout rates; the cost implications for the organisations running parenting programmes; poor monitoring and evaluation procedures; problems adapting programmes for South African parents/ primary caregivers living in LSEEs; and areas overlooked in the natural examples. The discussion commences with challenges of engaging and retaining parents in parenting programmes.

• Poor enrolment, poor attendance, and high dropout rates

As noted by Whittaker and Cowley (2012:140) one of the challenges of parenting programmes is that the parents who are most in need are reluctant to engage in them. Key informants reported that they experienced the following challenges:

- Parents were reluctant to enrol and commit to the programme
- Session attendance was often poor and irregular.
- Participant dropout rates were high.

These were consistent with the challenges of delivering parenting programmes to high-risk groups as mentioned by Axford et al (2012:2061). A low registration and high dropout rate are acknowledged as typical with high-risk participants (Axford et al 2012:2063; Lester 2014:18). The neediest parents/ primary caregivers have the most obstacles that prevent them from being able to participate, a combination of personal life and structural factors (Whittaker & Cowley 2012:140). These barriers, together with the culturally specific barriers affect engagement in the programme. A South African parenting programme reports one of the lowest dropout rates, 26.2 per cent (Lachman, Kelly et al 2016:194). The researchers addressed the problem in four ways: first they examined what the barriers to participation for prospective participants would be during the design phase; then they identified incentives, such as money for transport and refreshments as proposed by consumers; they engaged local community members and trained them as programme facilitators; and developed a follow-up system of non-attending members paying home visits and using a message system. Key informant advised that they had not conducted proper analysis of attendance statistics over time with different samples. They based their attendance figures on the number of parents/

primary caregivers who attended sessions, not rather than statistics of how many members completed the full programme or the average number of sessions. There had been limited investigation to understand and address reasons for poor attendance. The primary remedial effort taken to resolve the problem of poor attendance was to condense the number of sessions and/or space them into fortnightly sessions instead of weekly ones. One programme arranged that parents who missed sessions could attend catch-up sessions when the programme was presented to other groups. Another made use of the follow-up system and offered incentives for participants reporting positive outcomes.

- **The cost implications for organisations**

There are cost implications for organisations to run parenting programmes which are mentioned next:

- Universal programmes are expensive.

It was difficult for the organisations of the natural examples studied to afford evidence-based parenting programmes, unless they were sponsored. They mentioned three distinct responses to this challenge. The first was that they developed the programmes locally, which did not require cultural adaptations (this was done at the risk of compromising the efficacy of the parenting programmes, as they were not evidence-based). The second response was the approach recommended by authors Lachman et al (2016:2340) and Mejia et al (2017:630), they transported an evidence-based programme and adapted it for local use following a systematic process of adaptation to cultural and contextual issues. The advantages of this being that consumers did not feel disrespected or undermined, and helped to make sure that programme content was aligned to their cultural and contextual realities. The third was that universal programmes were purchased or sponsored. If purchased, organisations offering the programmes charged people a fee to attend to recover the costs. One of the key informants admitted that the programme her organisation presented excluded the poor because the enrolment fee for the programme was R2 000 per person. She regretted this because patterns of poor parental attachment are common amongst parents living in LSEs and they would benefit from the programme.

- Some programmes stipulated that facilitator training was a pre-condition and required even though they were facilitated by social workers and teachers. The “train the trainer” policy reduced the number of programmes that could be offered annually because the organisation lacked resources and manpower to offer training.

- The financial and human capacity challenges faced by welfare organisations forced organisations to adapt the format of programmes by reducing the duration or dosages of sessions. Typically, sessions were condensed and/or combined, which raised concern amongst the key informants about programme efficacy and outcomes. In making these cutbacks, participatory learning principles and group cohesion were either reduced or forfeited.
- Participants expected refreshments and meals, and/or reimbursement for their travel costs; expenses that presenting organisations could not afford.

The theme of poor monitoring and evaluation of natural examples was raised by key informants, as will be presented.

- **Poor monitoring and evaluation procedures**

In general, monitoring and evaluation tools were not developed at the outset of the parenting programmes as shared by key informants. Therefore, the efficacy of their parenting programmes could not be measured. The most common forms of monitoring and evaluation measures used were frequency statistics, the numbers of programmes presented, and the number of parents/ primary caregivers who had been reached. Some programmes included a self-report evaluation questionnaire for participants to complete at the end of programme, but key informants felt that these were inaccurate due to participant bias as participants' answers mostly conveyed socially expected or desirable responses. Secondly, they lacked any measure of whether parents/ primary caregivers were able to translate the knowledge gained into long-term action. There were two programmes amongst the seven that had conducted randomised controls.

The complexities of adapting the programmes for parents/ primary caregivers living in LSEEs was another challenge mentioned by key informants, as will be shared.

- **Problems experienced in adapting programmes for South African parents/ primary caregivers living in LSEEs**

It was acknowledged that insufficient attention was given to cultural and contextual factors when developing and presenting programmes. The most pressing example being that programme manuals were only available in English (except for one programme that had been translated into isiXhosa and presented by isiXhosa-speaking community-based facilitators). Most programmes were offered in English and a few were presented in isiZulu when isiZulu-speaking presenters were available, but they lacked translated

manuals and handouts to support their programmes. This is a complex situation, as there are 11 official languages in South Africa and the cost of translations would be exorbitant.

A few key informants acknowledged that some elements contained in their programmes promoted Westernised parenting principles, such as encouraging parents to motivate the child to learn, advance the child's intellectual performance, promote the child's self-actualisation, and adopt democratic styles of parenting, not typically prized outcomes amongst African parents, especially those living in extreme poverty. However, others complained that the programmes did not do enough to include topics to advance parents'/ primary caregivers' engagement in stimulating children's cognitive development and education.

One of the more challenging aspects related to the cultural relevance of programmes was that traditional parents/ primary caregivers were resistant to democratic principles of parenting, and reluctant to replace corporal punishment with non-violent disciplinary skills. In one programme it was reported that even the community-based facilitators that presented the course were initially uncomfortable about promoting this transition to positive forms of discipline. As reported in the study conducted by, Lachman, Kelly et al (2016:198), once parents/ primary caregivers experienced the value of applying the skills to manage a child's difficult behaviour, their attitudes changed. They achieved this using participatory learning activities in programmes, ensuring that participants rehearsed positive discipline skills and performed homework tasks to test the newly acquired skills on their children in their homes (Lachman Kelly et al 2016:198)

A criticism raised by one key informant was that when manuals were adapted for South African consumers they concentrated on Black African groups, and ignored ethnic minorities, such as Indians. Her perspective was that marginalisation of any participants should be considered harmful.

One key informant felt that the programme he was involved in had not been suitably modified for delivery to parents/ primary caregivers living in rural areas.

Having discussed the limitations of the reviewed programmes as identified by key informants, attention is directed to the identified gaps in the programme content.

- **Areas overlooked in natural examples**

Several key informants raised concerns that insufficient consideration was given to salient contextual realities affecting parenting practices. Topics that addressed the following parenting issues were identified as needing further development:

- Basic parenting issues, such as child protection and satisfying the child's basic needs.
- Financial literacy skills.
- Parental stimulation of the cognitive development and education of their children.
- Engaging fathers in parenting programmes.

Much information was gathered as will be reflected in the conclusions about the study of the natural examples.

8.2.2.3 *Conclusions about natural examples*

This concludes the presentation of information gathered from the natural examples studied. It outlined the methodology applied to complete this step. Natural examples were reviewed in terms of their motivations and backgrounds which led to their development/presentation, and their definitive characteristics were also shared. The theoretical approaches used in each of the programmes, as well as the content and format of the programmes, were discussed before considering the key informants' perspectives of the advantages and disadvantages of their programmes.

The evidence presented confirmed the value of parenting programmes. This was one of the elements of the locally specific parenting support intervention planned.

- to empower parents/ primary caregivers with skills and knowledge of positive parenting practices to promote the well-being of their children in the domains of physical health and safety, psychological and emotional development, social development and behaviour, and cognitive development and education.

Another confirmation was that parents were parenting under extreme conditions and it was estimable to offer parents life skills education to manage their stressors, increase their sense of self efficacy, and deal with their past and present life experiences. This was one of the elements of the parenting support intervention for parents/ primary caregivers living in Welbedacht East:

- to offer parents/ primary caregivers life skills counselling to improve their psychological well-being.

There was mention made of the need to integrate financial literacy in programmes (by one key informant). This was relevant to the element identified for the locally specific parenting intervention which was stated as:

- to equip parents/ primary caregivers with financial literacy and saving skills;

It was concluded that Step 2 of Phase 2: studying natural examples had been achieved. The perspectives presented offered valuable insights for consideration in the development of the design of the locally specific parenting support intervention. The insights that were of value for this study were combined with functional elements of programmes identified as literature sources and presented in Step 3 of Phase 2, identifying functional elements of successful methods, as recommended by Fawcett et al (1994:28). The process followed in Phase 2: Step 3 is described next.

8.2.3 Phase 2: Step 3 – Identifying Functional Elements of Successful Methods

The requirements of Phase 2: Step 3, were to identify functional elements of both sources to determine what aspects of their interventions were successful in changing targeted behaviours (parenting practices) and achieving positive outcomes (Fawcett et al 1994:33). As many of the functional elements identified within the two sources of information concurred, they are combined and presented as one discussion. The sources from which the elements were extracted can be identified by the abbreviations that will be used to refer to them. LSs refers to literary sources and NEs refers to natural examples. The functional elements are presented according to themes: the focus of the interventions and the target audiences; inclusion of consumers in the development of the interventions; theoretical approaches on which parenting interventions were based; content and topics; programme formats, group sizes, dosage, learning activities, structure and materials; programme facilitators; and cultural and contextual adaptations.

8.2.3.1 *Focus of the interventions and the target audiences*

According to LSs, parent support was a broad intervention that involved a range of activities to assist parents to fulfil their parenting functions and these activities included information sharing; skills development; and social support (Daly et al 2015:12). In some instances, the intervention involved offering aid to parents to address distal factors that impeded the parent-child relationship. Examples of assistance to address distal factors are helping parents to find

employment, addressing parent-partner relationships, and linking parents to resources (Richter & Naicker 2013:9; Trivette & Dunst 2014:1). It was further acknowledged that parenting programmes were the most prevalent form of parenting support (according to LSs). The functional element of this was that the parenting support intervention for Welbedacht East parents/ primary caregivers could be extended beyond parenting education. The NEs stayed close to the regular parenting programmes, and the only extension they offered was to equip parents with knowledge to deal with some of the social issues prevalent in their community

The finding was that both LSs and NEs supported preventive or early interventions that targeted parents of children in only one or two developmental age groups, preferably younger children consistent with findings in Lester's study (2014:95). Aiming the parenting support intervention at parents/ primary caregivers parenting children under nine years of age was relevant and consistent with the strategic decision to pay specific attention to the care of young children in South Africa between birth and the age of 9 years (Save the Children South Africa, Strategy 2015:210).

8.2.3.2 *Inclusion of consumers in the development of interventions*

Collaborating with consumers in the development of parenting programmes was mainly supported by LSs. Few developers or presenters of NEs had engaged consumers in the development of their interventions but they recognised the value of doing so. Those that did reported that the applicability of the interventions for the audiences they targeted increased, which led to better outcomes (Magee 2017:13; Mejia et al 2015:1012; Nelson et al 2001:7; Wessels & Ward 2015:19). A positive example of consumer engagement found in the LS was in the Sinovuyo Caring Families Study (Lachman et al 2016:2339-2341) which outlined how an evidence-based parenting intervention was adapted for a South African community and one of the NEs had adopted a similar approach in the development of their programme.

8.2.3.3 *Theoretical approaches on which parenting interventions were based*

Behavioural theories that integrated behavioural and social learning approaches (Lachman et al 2016:2339; Wessels 2012:15) were well-supported by both LSs and NEs. The advantages mentioned were that they offered a composite set of well-established practiced-based skills to teach parents effective parenting interventions and assist them to generalise these into their daily routines. The LSs mentioned that such practicality was indicated for low-literacy communities, therefore relevant to Welbedacht East.

Some NEs mentioned the importance of adopting rights and strengths-based approaches which integrated social learning theories. This was consistent with the principles of social

inclusion on which this study was based and responsive to the White Paper on Families in South Africa (2013). It further linked to research participants' recommendations of promoting children's rights through the locally specific parenting support intervention.

LSs and NEs reported that positive outcomes were achieved when relational theories were combined with social learning theories. They enabled parents/ primary caregivers to address the personal damaging experiences of being parented themselves, thereby helping to break the intergenerational patterns of poor parenting as discussed in Section 5.4.3.5 and 6.2.4.3 (Lucas 2011:186; Nelson et al 2001:6).

8.2.3.4 *Content and topics*

Both LSs and NEs offered a broad range of topics commonly associated with evidence-based programmes that address the five domains of parenting: parental responsibility for advancing the child's physical health, development and safety, psychological and emotional development, social development and behaviour, and cognitive development and education, as well as the parents' own foundational competence.

- **Physical health, development and safety**

LSs recommended topics that were of a practical nature, helping parents to satisfy the most basic needs of their children. They offered factual knowledge about childcare, health, and nutrition (Al-Hassan 2009:31; Engle et al 2011:1340; Mejia et al 2012:167). A few NEs addressed some of these, but not to the same extent.

However, several NEs targeted contextual stressors, particularly relevant to parents living in LSEEs, which were less common in the LSs. The topics associated with contextual stressors were preventing and managing substance abuse, crime and violence, child abuse (sexual and physical), HIV and AIDS, and teenage pregnancies. These were relevant to the Welbedacht East parents/ primary caregivers.

- **Psychological and emotional development**

Topics related to parental responsibility for the promotion of the psychological and emotional development of the child were well-supported by both LSs and NEs. They were the most supported themes in both sources.

One LS (Lachman et al 2016:2339) offered a meaningful combination of topics related to this domain of parenting, applicable to the Welbedacht East parents/ primary caregivers. The authors mentioned that subjects such as showing the child love and

affection, understanding the child and appreciating the child's uniqueness, building the child's self-esteem, and putting the child's needs first were relevant to parents living in a lower socio-economic context presenting similar socio-political realities as those in Welbedacht East. The parents were taught to model emotional regulation and respect, topics identified by research participants as most pertinent to the local community. Some NEs built on these suggestions, training parents to empathise, offer reflective commentary, and demonstrate active listening.

Two NEs advanced themes to teach parents how to identify the child's needs by understanding their bad behaviour, labelling the child's emotions, and assisting them to express their needs. This functional element had a positive outcome on parents, as it helped them to identify their emotions and the underlying needs that caused their own emotions. The same NEs alerted parents to their relational styles and taught them to use this knowledge to change the parent-child patterns of interaction.

- **Social development and behaviour**

Teaching parents new behavioural control skills were popular themes evident in both LSs and NEs.

Once topics addressing positive parent-child relationships were addressed in the Sinovuyo Caring Families Programme (Lachman et al 2016:2337) the programme addressed positive parental control focussing on setting fair limits and using non-violent discipline which provided an positive approach to discipline (Lachman, Kelly et al 2016:192). Similarly, two NEs had included content to introduce parents who believed that corporal punishment was a normative, culture-based form of discipline, to other non-violent methods. The outcomes of these were favourable and fitting for the Welbedacht East parents/ primary caregivers, as participants in this study reported that local parents lost control when applying corporal punishment.

There were certain culturally relevant topics covered by NEs that were pertinent to Welbedacht East parents/ primary caregivers: allocating household chores to children, an African parenting value, and the importance of establishing respect in households, another culturally endorsed parenting value.

The value of using parenting programmes to promote the moral regeneration of communities was promoted by one key informant who explained how his programme contributed to the development of social control within one of the neighbourhoods. The

culturally supported parenting values and the social order potential of parenting programmes were consistent with what the parents/ primary caregivers in Welbedacht East wanted in their locally specific parenting intervention.

- **Cognitive development and education of children**

The promotion of parental engagement in stimulating the child's cognitive development and education was mentioned by both LSs and NEs, although less popular amongst the NEs (only two programmes included topics in this category). It was found that topics in relation to the cognitive development and education of children were not popular recommendations for the locally specific parenting support intervention.

- **Foundational competency of parents**

Both sources included subject matter that addressed parental stress. They included topics that addressed: increasing parental help-seeking behaviours, such as social support, accessing public services and grants, and alerting them to community resources (Lipman et al 2010:2); parental life skills development, promoting parental self-efficacy (Moran et al 2004:34; Richter & Naicker 2013:16); and self-management issues, such as stress and depression (Swick 2008:151). The management of parental mental and physical health was highlighted by NEs.

The NEs included two issues that were not mentioned in LSs, strengthening family relationships and promoting the role of fathers as caregivers.

These recommendations were important for parents/ primary caregivers living in Welbedacht East as they were parenting under extreme conditions and, in the absence of services and proper support systems, were left to manage their psychosocial and emotional issues on their own. The high rate of single parenting and poor involvement of fathers in the caregiving of children was an area of concern amongst the Welbedacht East community.

The lessons learned about programme formats, groups sizes, dosages and learning activities and how they structured their programmes and learning materials follows.

8.2.3.5 *Programme formats, group sizes, dosage, learning activities, structure and materials*

The benefits of group formats were consistently evident amongst both sources. The advantages of group formats included: they increased participants' social support, created opportunities for members to learn from one another, and exposed them to information about

opportunities and resources that they would not have known about without interacting with others.

All but one of the NEs' sessions were conducted in groups of between 20 and 25 people. The other NE was conducted in groups with a maximum of 15 people, which enabled more intergroup discussion and increased group cohesion and reported higher retention rates.

Longer term groups for high-risk parents were reported to achieve the best outcomes. Knerr et al (2013:358) reported that the programmes that lasted between 12 and 24 weeks achieved the best outcome. Other LSs suggested that when dealing with high-risk parents, more sessions proved to increase group trust and cohesion, promote the acceptance of facilitators and fellow participants, build confidence in the programme, and change parenting attitudes and behaviours (Axford et al 2012:2062; Moran et al 2004:8). All NEs offered a fixed number of sessions, often condensing them into four-week periods for practical reasons, and the presenters complained that doing so reduced programme efficacy. The one NE conducted over 12 weeks, with one session per week lasting two and a half hours, reported positive results. Clearly, longer term interventions for high-risk groups achieved better outcomes if they were able to reduce barriers that prevented participation.

Whilst both LSs and key informants of the NEs recognised the value of participatory learning methods, these were difficult for their presenters when group sizes became too large and sessions were condensed. Under these circumstances more didactic training methods were used.

LSs reported that participatory learning activities achieve the best outcomes (Huser et al 2008; Furlong et al 2012:3; Lachman et al 2016:2339) and a combination of teaching aids should be used, such as didactic instruction, teaching demonstrations, group discussions encouraging facilitator and inter-member feedback, videotaping, and homework tasks (Richter & Naicker 2013:16-17). Popular learning activities reported by the key informants of the NEs were group discussions, behavioural rehearsal using role playing, and the modelling of parenting skills by facilitators. It was therefore acknowledged that participatory learning activities were relevant for the parenting support intervention for Welbedacht East.

The reality of high dropout rates and poor attendance was mentioned by both LSs (Wessels et al 2016:3) and the key informants of NEs. LSs differentiated between cultural-specific barriers which prevented parents from attending, and structural barriers. Positive suggestions for reducing these were to improve the applicability of the programme by engaging consumers

in its design to determine what barriers prevented parents from attending. Cultural-specific barriers can be overcome by involving ethnic facilitators, reducing the stigma of receiving services, and offering services in the home language of the participants (Ortiz & Del Vecchio 2013:453; Wessels 2012:12; Whittaker & Cowley 2012:138). Structural barriers could be overcome by providing child minders for children and paying for members' transport costs (Lester 2014:70; Wessels 2012:93). The programme had to satisfy the needs of members and be appropriate to the low levels of literacy of members. The NE that reported the highest attendance and lowest dropout rate used a message system and home-visits to keep in touch with members and follow up absenteeism.

A pre-planned programme structure and content was equally recommended by LSs and key informants of NEs. However, as proposed by Axford et al (2012:2063), one must remain flexible and adjust the programme to address participants' needs during programme delivery (Mejia et al 2015:1011). Several presenters of NEs adjusted their programmes for parents with special needs, such as teenage mothers, parents who were physically challenged, parents with low-literacy levels, and parents living in poverty.

Whilst the advantages of having manuals for the attendees of the programmes were promoted as advancing programme fidelity by literary sources, the key informants of the NEs reported the complexity of achieving this. The manuals were usually only available in English and the cost of translating them into all the official languages of South Africa was unaffordable. The key informants of NEs further mentioned the disadvantages of not offering programmes in the participants' home languages, which was typical and one of the barriers. Offering handouts or low-literacy calendars summarising the key points of a session was a successful adaptation made by one NE, that could work for the Welbedacht East parenting support intervention.

8.2.3.6 Programme facilitators

It was noted that professional qualifications were less important than relational qualities when recruiting facilitators, and it is advantageous to use facilitators who have a knowledge of and a commitment to the community where the parenting programme will be offered (Al-Hassan 2009:32; Lachman et al 2016:2337; Mejia et al 2012:171; Wessels & Ward 2015:20). Both LSs and key informants of NEs supported training community-based facilitators but recognised the importance of providing them ongoing training and supervision. The recommendation by Nelson et al (2001:7) of engaging collaborating organisations to co-present a parenting intervention offered a possible solution for the Welbedacht East parenting support intervention, as it would connect service providers and parents/ primary caregivers,

increase their knowledge of available resources and create opportunities for them to become familiar with service providers, making it easier for them to request help when needed.

8.2.3.7 *Cultural and contextual adaptations of programmes*

A potential threat to programmes identified was that many failed to check the feasibility of programmes for culturally diverse groups and parents of lower socioeconomic status as mentioned by several authors (Mejia et al 2017:631-632; Wessels 2012:20). There was one LS that offered a detailed explanation of the process researchers followed to adapt an evidence-based programme for a locally specific community in South Africa that confirmed the value of the study that was undertaken for the development of the locally specific parenting support intervention for Welbedacht East (Lachman et al 2016:2339).

8.2.3.8 *Concluding remarks about the collection of information and synthesis of existing resources*

The task objective of Step 3 of Phase 2 has been completed. The efficacy and details of the procedures and guidelines that were followed by LS's and NEs to determine their ethical suitability and usability for the locally specific parenting support intervention were identified (Thomas 1989:580). As noted by Fawcett et al (1994:33), the synthesis of useful elements gathered from existing knowledge helped to guide the design and the development of activities. Having achieved the task objectives of Steps 1, 2, and 3 of Phase 2 of the IDD, the developments that occurred in relation to Phase 3 of IDD, the second section of this chapter is presented next.

SECTION TWO: PHASE 3 OF THE IDD – THE DESIGN

Once the functional elements of the successful interventions reviewed are presented, the research team shifts their attention to the next phase, Phase 3: the design of the intervention. In this instance the broad elements of the locally specific parenting support intervention are presented, bringing this chapter and the findings to a conclusion. As mentioned in Section 1.9.1.1, the intention was never to report on all the phases of the IDD process in this thesis. Literary support confirmed that given the limited scope of a doctoral study, it is permissible for the IDD process to be completed in parts (Comer et al 2004:252; Gilgun & Sands 2012:350; Schilling 1997) and the latter phases can be completed after the submission of the study for examination.

8.3 PHASE 3: AN APPLIED DESCRIPTION OF THE RESEARCH METHODS FOLLOWED TO COMPLETE PHASE 3 OF THE IDD

The design of an intervention requires that information gathered and consolidated from Step 3, 4 and 5 of Phase 1 be compared with the information gathered in Phase 2. The gaps or limitations must be addressed using problem solving and the creative application of additional practice technologies and social innovations (Thomas & Rothman 1994:11). Once that process is completed, the procedural elements of the intervention are stated (Fawcett et al 1994:34). One normally specifies the interventions' boundaries and elements, offering adequate detail for the design to be replicated by others in the field (Fawcett et al 1994:34; Thomas & Rothman 1994:11). It is suggested by Thomas and Rothman (1994:11) that to achieve this, the research design participants should be carefully considered and the role that the intervention users will have in the design needs to be deliberated. Although it is recommended that an observational system be developed at this stage (Fawcett et al 1994:34), a decision was undertaken not to do so at this point because of the associated time and resource constraints of the study.

This section is presented as the five steps that were followed to reach consensus about what the design of the locally specific parenting support intervention should be. It takes the reader through the five steps of Phase 3 to reach the outcome: the elements of the locally specific parenting support intervention, its proposed format, content and intervention protocols. It explains how the community champion research action group was engaged in a Delphi process to reach consensus of what the design of the parenting support intervention needed to be, which concluded the final step of the IDD process.

A review of each of the five steps are presented, commencing with Step 1, Identifying design problems.

8.3.1 Phase 3: Step 1 – Identifying Design Problems

This step concentrated on the design problems that were detected in existing sources and natural examples. The sources consulted offered insufficient information about how the capacity of parents/ primary caregivers could be increased to satisfy 'good enough' indicators of parenting when poverty was a major contributing factor to poor parenting practices. The information gathered failed to address three of the task objectives of the locally specific parenting support intervention: financial literacy, starting a *stokvel* and initiating small income generating activities. The ideas of Nelson et al (2001:7), Rojano (2004:59) and Trivette and Dunst (2014) inspired the researcher's idea to resort to social development approaches, which

would allow the integration of interventions to contribute to a more holistic parenting support intervention for parents/ primary caregivers living in Welbedacht East. These interventions were mentioned earlier in this chapter, Step 1 of Phase 2, in Section 8.2.1.2d.

The discussion of Step 2 follows, outlining the interventions for vulnerable communities and revisiting parent support within the South African context to establish the boundaries of the parenting support intervention. It introduces the characteristics of a social development approach which offered a solution and supported the design elements of the locally specific parenting support intervention. It refers to the elements prioritised for the design.

8.3.2 Phase 3: Step 2 – Determining the Boundaries of The Intervention

Recognising that parenting programmes would not address all the task objectives that participants in the study had agreed on, the purpose of the IDD was recalled, to evolve new human service technologies in the form of treatment methods, programmes, service systems, or policies. The researcher contemplated the feasibility of combining a social developmental approach with a social learning approach, merging best practice parenting programmes with developmental interventions.

The content that is presented in Phase 3: Step 2 motivates for capacity-building interventions, examines parenting support within the South African context, and introduces three financially related interventions consistent with the objectives of the parenting support intervention developed by the research participants: savings clubs, financial literacy, and income generating projects.

The nature of the support needed by vulnerable parents is discussed first.

8.3.2.1 *Parent support for vulnerable communities*

As observed by Richter and Naicker (2013:20), most parenting support interventions target the parent-child relationship rather than structural factors responsible such as poverty, lack of community integration, run-down physical environments in which parents and children live, lack of education, and inferior housing. Other authors agree (Daly et al 2015:23; Moran et al 2004:10) and propose that effective parenting support should offer a comprehensive system to assist parents, children, and families. Such support should include services related to child protection, health and education, as well as supportive policies aimed at reducing poverty and increasing the social inclusion of marginalised parents. These were mentioned under Section 2.4. These authors report that for most countries, the range of services available to families are far from adequate (Daly et al 2015:23; Moran et al 2004:10). Suggestions for increasing

parent support as advocated by Richter and Naicker (2013:ix) include protection from human rights infringements, discrimination and stigma, and practical support in the form of financial/ social relief, childcare, and educational opportunities. Given the harmful effects of poverty on parents, parent support for high-risk families need to be long-term (Daly 2011:25).

Finding ways to reach families who function outside the mainstream is a challenge (Daly 2011). They need of support to deal with the multiple and complex issues that affect their lives and are aggravated by their being trapped in poverty. Problems associated with disadvantage accumulate and contribute to other social and health issues (McArthur et al 2010:v). The findings presented in Chapter Five, Six and Seven confirmed that many parents/ primary caregivers in Welbedacht East fell into this category. The parents/ primary caregivers faced dire economic circumstances which compromised their ability to fulfil their parenting functions (Zhan, Anderson & Scott 2006:54). As typical of disadvantaged communities, they had limited access to markets, employment and resources, and social order in their neighbourhood was disintegrating (Van Niekerk & Van Niekerk 2009:127). Parents/ primary caregivers prioritised those parenting responsibilities related to satisfying their children's most basic needs. As mentioned by Magee (2017:10), in the presence of poverty and physical, mental or emotional lack, standardised parenting programmes are unlikely to change the course of struggling parents. Therefore, the parents/ primary caregivers needed a parenting support intervention that would empower them, increase their confidence in their abilities as parents and destigmatise their efforts to reach out for support (Daly 2011:24-25; Nelson et al 2001:6) and increase their capacity to cope with their socio-structural challenges.

As parenting support interventions were gaining interest, nine European states gathered in 2011, on behalf of the European Commission for Employment, Social Affairs and Inclusion, to review what parent support for vulnerable families should entail (Daly 2011:5). There was agreement that such interventions should offer long-term support, be based on children's and parents' rights, be offered pre-emptively, before unwanted parental behaviours become entrenched and families enter the statutory system (Daly 2011:24-25). In addition, it was noted that they should be strengths-based and participatory and create opportunities for parent participation in the decision making of both the design and operational phases of the interventions (Daly 2011:24-25). These indicators resonated loudly with the researcher who had throughout the study remained committed to a collaborative process that promoted the principles as advocated by Daly (2011:24-25).

The findings suggested that that parents /primary caregivers needed support to alleviate their financial problems, as poverty was one of the biggest challenges experienced and prevented

them from being the 'good enough' parents they desired to be. The task objectives that were set at the consultation workshop pointed to the need for a wider perspective of capacity building of parents; a parenting support intervention that would take them beyond parenting education, increase their social support, and link them to resources. They further desired an intervention that would build their capacity to better manage the structural factors that impacted on their performance as parents/ primary caregivers

It was difficult to find references related to capacity building of parents in the literature search and it remained unclear to what extent parenting support interventions included capacity building interventions to address the distal factors that compromise parental efficacy. The limited references located are mentioned. Firstly, Nelson et al (2001:8) refer to the need to adopt a multi-component community programme that offers a range of interventions, such as parenting skills development, stress management, social support, assertiveness, health promotion and nutrition, employment placement, financial management, and relationship counselling. Swick (2008:149) refers to aiding parents to resolve key stressors that interfere with the parent-child relationship and he mentions strengthening the parent's self-identity, enhancing his/her educational status, and enabling him/her to manage specific recurring problems. Reflecting similar ideas, Teixeira de Melo and Alarcão (2011:402) recommend support and information to increase parental capability and capacity, not just in terms of parenting, but in areas where they lack confidence and where additional capacity building is needed but are not specific about what interventions need to be applied to achieve this (Teixeira de Melo & Alarcão 2011:4). Researchers Jordan et al (2014:405) recommend three capacity building interventions for young mothers reliant on the CSG which were relevant to the parents/primary caregivers of Welbedacht East: promoting self-development by linking parents to resources that offer training and skills development to increase their social mobility; increasing psychosocial support through counselling and support groups, particularly those that enhance parenting capabilities; and promoting their access to services to expand their social network and social support systems. Such interventions are aligned to developmental social practice (Jordan et al 2014:405).

As recommended by Fawcett et al (1994:32), in situations such as these, one needs to go beyond regular interventions and consult other information related to behaviour-environment relations, even from other disciplines to generate new knowledge (in this instance, new parenting support interventions). Motivated by the expressed task goals for the parenting support intervention set at the consultation workshop, and the limited evidence of capacity building interventions relevant to parenting support interventions in the literature, the relevance of developmental interventions for the parents/ primary caregivers of Welbedacht

East were examined. The discussion of the connection between parenting support interventions and social work policy developments in South Africa is advanced in Section 8.3.2.2. It motivates the need that existed to develop a more holistic parenting support intervention for the parents/ primary caregivers of Welbedacht East.

8.3.2.2 *Parent support in the South African context*

Whilst parenting support and family support overlap and have common objectives, Daly et al (2015:20) refer to their differences. Family support is concerned about the functioning of the family, which includes extended family or alternative forms of care. It focuses on family stability and well-being. They explain that of the two concepts, family support is more frequently stated in policy and is usually institutionalised, whilst fewer countries have institutionalised parenting support. Those that do are England, Jamaica, the Philippines and Sweden, as well as Croatia (in a more limited fashion) (Daly et al 2015:20). The South African policy framework advocates that parenting support is integral to the strengthening of families. As this study focuses on parent support, the researcher will keep to the term 'parent support' in the discussion.

South Africa does not have one explicit family or parenting policy, but there are many components mandated that are integrated in a number of policies that refer to supporting families (Daly et al 2015:91). These are relevant to the development and design of the locally specific parenting support intervention, the second goal of the study. Consideration is given to the different components relevant to strengthening families and parenting as evident in national policies and strategic plans of action.

The White Paper for Social Welfare (1997), the Children's Act 38 of 2005 (South Africa 2005), the Service-Delivery Model for Developmental Social Welfare Services (Department of Social Development 2006), the Manual on Family Preservation Services (Department of Social Development 2008), the National Plan of Action for Children in South Africa 2012-2017 (South Africa 2012), and the White Paper on Families in South Africa (2013) reflect national priorities to upscale poverty reduction efforts/programmes and sustainable livelihoods, as well as develop family-centred and community-based strategies to preserve and strengthen families (Patel 2008:74; Nhedzi & Makofane 2015:355-356; Strydom et al 2017:146). They mandate preventative interventions and family support services, linking families to resources and bolstering their ability to avoid risky behaviours (Strydom 2012:435; Strydom 2013:501). Parenting interventions, more specifically those that promote positive parenting and contribute to the prohibition of corporal punishment, are strongly advocated (South Africa 2012:53; White Paper on Families in South Africa 2013:41). The policies situate poverty alleviation and socioeconomic development initiatives squarely in the domain of social work for the purpose

of reducing the culture of dependency amongst grant recipients and improving the quality of life for all (White Paper for Social Welfare 1997; the Manual on Family Preservation Services 2010:47; White Paper on Families in South Africa 2013:41).

The background of current welfare policies in South Africa therefore confirmed support for the inclusion of capacity building objectives within the goals and objectives of the locally specific parenting intervention: financial literacy, the formation of a *stokvel* (savings club), and the facilitation of income generating activities. It was relevant to consult literature on each of these recommended task goals, which will be presented below, to show why they were included to drive capacity building of parents/ primary caregivers. The discussion commences with the motivation behind the Welbedacht East parents'/ primary caregivers' desire for interventions that would increase their financial capacity and competence.

8.3.3 Phase 3: Step 3 – Disciplined Problem Solving and Creativity to Select Elements for The Intervention

The dire economic circumstances that the Welbedacht East parents/ primary caregivers found themselves in made it very difficult for them to survive on their limited resources (Zhan et al 2006:54). They, like many South African communities, were trapped in poverty and suffered extreme inequality (Lombard 2008:122; Tanga & Gutura 2013:126). If the objectives of the White Paper for Social Welfare (1997) were realised, the parents/ primary caregivers should have been assisted in two ways: through preventive developmental interventions to increase their social and economic participation, and through assistance to secure social security (Patel 2008:73; Strydom et al 2017:146). Whilst many parents/ primary caregivers living in Welbedacht East were recipients of the CSG they, like other poor parents had not received the high-impact community-based interventions intended for them (Patel 2008:73). The modest but significant improvements that the CSG had achieved in the lives of vulnerable families are supported by several studies (Jordan et al 2014:395; Lund 2011:5; Patel 2008:75). However, as argued by Jordan et al (2014:405), without the support of other social interventions the CSG failed to enable parents/ primary caregivers to meet their needs, particularly parents faced with early motherhood. As confirmed by Strydom (2012:441; 2013:502), even though skills-development is a valuable service for at-risk family members, it is often overlooked by social workers as an intervention. Both Strydom's articles (2012:447; 2013:502) confirm that whilst parenting education, problem solving, conflict management, and communication skills are frequently addressed by social workers, financial planning is a service that many social workers do not render.

Poverty alleviation is an integral component of developmental social work (Engelbrecht 2015:111; Lombard 2008:123). The White Paper on Families in South Africa (2013:14) lists it as Strategic Priority 2.4: “to intensify efforts to create employment and other income generating opportunities for working-age members to ensure a regular income.” When people have access to markets as was mentioned in Section 2.4.1.1 of this thesis, they enjoy economic security and can access the opportunities they require. Accordingly, as motivated by Krishna (2004:123), when people are assisted to move out of abject poverty other improvements in their well-being follow, such as being able to buy food, send their children to school, purchase clothes to wear outside the home, and reduce their debts in regular instalments. These were amongst the parenting functions that the parents/ primary caregivers in Welbedacht were not able to perform and negatively affected the quality of their parenting.

The inclusion of financial capacity building interventions in the objectives of the parenting support intervention was mentioned in Section 7.5.1.3 and is supported by Engelbrecht (2015:112-113). According to Engelbrecht (2015:112-113) poverty occurs as a result of three factors. The first are situational factors, the circumstances that people find themselves in, over which they have little control, such as high unemployment rates, under resourced geographical neighbourhoods, poor educational levels. The second is that people who are poor usually do not have financial knowledge and skills, which makes them vulnerable. They are likely to be exploited by others or suffer because of the poor financial decisions they make. The final reason that Engelbrecht (2015:112-113) offers is that disadvantaged people develop a unique life view which influences how they spend money. He presents that disadvantaged people do not take into consideration the future consequences of their current actions. Instead, they make financial decisions based on the moment they are in. He explains that the unique life view of poor people creates ‘emotional debt’ because financial decisions are based on impulsivity and peer pressure (Engelbrecht 2015:112-113). He argues that finding methods to regulate the parents’/ primary caregivers’ poor financial acumen and teach them to control their impulsivity will improve their financial situations. Improved financial management is considered a preventive developmental community initiative consistent with the national social development policy (White Paper for Social Welfare 1997).

Parents/ primary caregivers had indicated the need for interventions that would relieve their financial burdens. They identified three task goals that would help them to achieve that. These included establishing a *stokvel* (savings club), improving their financial literacy, and enabling them to develop small income generating projects to assist them towards sustainable livelihoods (see Section 7.5.1.3). Information on each is presented separately, focussing on

the objectives of each (Rothman & Thomas 1994:28). The first element to be discussed is a savings club/ *stokvel*, a local practice of microlending.

8.3.3.1 *Stokvel, a local practice of microlending*

Access to credit is an indicator of social inclusion (see Section 2.4.1.1). Unfortunately, formal financial institutions are restrictive, not only in terms of the products they offer, but also in their requirements that clients must satisfy before they can access financial services. The financial services that disadvantaged parents need include savings, credit, and cash transmissions from one place to another (Mashigo 2006).

a. *Stokvels and their role in South African communities*

Microcredit is the extension of very small loans (microloans) to poor borrowers (Smit, Dams, Mostert, Oosthuizen, Van der Vyfer & Van Gas 1996:591) who normally do not qualify to borrow money because they do not have collateral, regular employment, or a positive credit rating (Mashigo 2006). Microcredit is both a poverty alleviating and job creating strategy (Engelbrecht 2009:158; Mashigo 2006). Its success is only marred in South Africa because the small loans acquired are mostly for consumption purposes, rather than income generation (Engelbrecht 2009:59; Mashigo 2006). Becoming dependent upon informal microlenders and local moneylenders has resulted in debt escalating amongst the most vulnerable financial sector (Mashigo 2006). In addition, other factors that drive debt include retail stores that offer credit to those who cannot afford to meet the repayment terms, unpaid municipal services, and buying groceries on credit in order to survive (Mashigo 2006).

A Micro Finance Regulatory Council was established in 1999 to promote the growth of the microlending industry, create credit for the poor, and protect their rights with regards to credit agreements (Mashigo 2006). Regrettably, these objectives have not been achieved. Indications of moneylending to those who cannot afford to repay their loans and unscrupulous methods used by the informal moneylending section to collect debt continue (Engelbrecht 2009:158; James 2014:18; Mashigo 2006). As described by James (2014:20), *Mashonisas*⁸ have a strong hold over the poor and take full advantage of the ignorance of borrowers about the terms of their loans and the unlawfulness of the repayment methods they have agreed to.

Whilst some authors state that the culture of saving in South Africa is weak (Engelbrecht 2009:158; Naong 2009:248; Van Wyk 2015), a substantial number of people in South Africa participate in *stokvels*, an informal form of rotating savings and credit. As mentioned by Van

⁸ *Mashonisas* are unregistered moneylenders or loan sharks (James 2014:20).

Wyk (2015), over 811 830 *stokvels* were recorded in South Africa in 2011 with a membership of close to 11.5 million people and an estimated market value of R44 billion.

Historically, traditional informal *stokvels* have a positive record of making credit accessible to poor households at a substantially lower risk than microcredit and moneylending facilities (Mashigo & Schoeman 2010:2; Verhoef 2001:259). They have also made a substantial contribution to the improvement of the living standards of the economically marginalised majority (Mashigo & Schoeman 2010:2; Matuku & Kaseke 2014:505). They remain a valuable stop-gap for those who are in the social security system (Matuku & Kaseke 2014:505). A summary of what *stokvels* are, the terms on which they are formed, and the operational procedures they use are consolidated in Addendum II. The discussion that follows examines the benefits of savings clubs/ *stokvels* for the parents/ primary caregivers of Welbedacht East.

b. The advantages of stokvels

The advantages of developing *stokvels* as identified in the literature provide strong motivation for the inclusion of *stokvels* in the Welbedacht East parenting support intervention:

- *Stokvels* offer African people a more congenial and understood form of savings than Westernised forms (Van Wyk 2015).
- They help the poor to develop a safety cushion to protect them when facing unexpected life events such as illness, death, or disaster (situations known to erode the finances of vulnerable people) (Mashigo & Schoeman 2010:8; Van Wyk 2015). Credit is made available to the members from the money pool at affordable interest rates to meet their basic needs or requirements during emergency situations (Matuku & Kaseke 2014:510).
- *Stokvels* promote social inclusion (Matuku & Kaseke 2014: 511; Verhoef 2001:269). Friendships or social networks are formed when the members meet. They share their ideas on how to improve the quality of their lives. The members start to see themselves differently from non-members (Van Wyk 2015). As mentioned by Verhoef (2001:273), membership in a savings community is prestigious and offers its members status. The relevance of creating social support for women with low levels of social capital is acknowledged as a valuable intervention for developmental social work practice (Jordan et al 2014:405) and was relevant to the parents/ primary caregivers of Welbedacht East (see the benefits of increasing social inclusion for parents in Sections 2.4.1.4 and 2.6.2) and the findings that reported the lack of available social networking opportunities for many parents/ primary caregivers in Welbedacht East (see Section 6.2.1.1).
- The findings of Matuku and Kaseke's (2014:511) study refer to the moral support and mutual assistance that members offer one another in times of trouble. Verhoef

(2001:272) refers specifically to members of *stokvels*, “caring for each other’s well-being in a spirit of mutual support” in keeping with the African philosophy of *Ubuntu*.

- *Stokvels* are closely associated with the empowerment of women. Firstly, they empower women to contribute to the well-being of their families, addressing the life cycle needs of their families (Matuku & Kaseke 2014:510). Secondly, they empower women financially, developing their leadership and business skills, engaging them in establishing the operational rules of their club, teaching them to manage funds, and inculcating responsible borrowing behaviour amongst members, which promotes their economic independence (Mashigo & Schoeman 2010:8-9). Through membership in a *stokvel*, many women have started income generating activities (Mashigo 2006; Mashigo & Schoeman 2010:511; Verhoef 2001:269). They use the *stokvel* to save or borrow funds to purchase the stock or equipment they need to make their business ventures sustainable and profitable (Raniga & Ngcobo 2014:519).
- In the long term, *stokvels* enable saving and investments amongst members so that they can invest in their homes and accumulate assets, which contributes to their wealth (Matuku & Kaseke 2014:510; Verhoef 2001:269).

It is therefore acknowledged that *stokvels* are a positive self-help approach to developing social security amongst the poor (Matuku & Kaseke 2014:513).

c. Stokvels, a strategy for uplifting the poor

Stokvels are a positive strategy for addressing several socioeconomic needs of vulnerable people, contributing to their upliftment and improved well-being. They offer more than microfinance. They help to cultivate a positive culture, one that Naong (2009:263) refers to as both as “the heartbeat and backbone” responsible for ensuring that the informal social security approach works. It is this ‘culture’ that positions the *stokvel* as a popular choice amongst the poor, increasing their social commitment to one another, empowering them through educational and participatory processes, and engaging them to finding their own solutions to the economic issues that affect them (Naong 2009:263). The members can access informal financial services, not only to address their survival needs, but also to set personal goals to elevate themselves out of poverty. Accordingly, Matuku and Kaseke (2014:514) recommend that social workers acknowledge the value of *stokvels* as a developmental capacity building strategy. The White Paper on Families in South Africa (2013:41) identifies the need to facilitate the access of disadvantaged families to financial services to stop them falling deeper into poverty, and therefore *stokvels* can be considered as a relevant developmental intervention within the South African context. Some authors call for collaboration amongst public and private institutions and communities to develop *stokvels* into financial microlending

corporations (Mashigo & Schoeman 2010:9; Naong 2009:263; Van Wyk 2015). The risk of doing so is that a change of this nature may risk the original characteristics of *stokvels* and the social order they represent and interfere with a cultural practice that should not be messed with (Mashigo & Schoeman 2010:9; Naong 2009:263).

d. Conclusions reached about stokvels as one of the elements of the locally specific parenting support intervention

The benefits of using this self-help, informal social security tool should be balanced against the realisation that no self-help interventions can indefinitely serve as a stop-gap measure in response to poverty. Essentially, the precipitating political, socioeconomic, and institutional factors responsible for inequality and social exclusion must be addressed through macro policy development. However, self-help strategies such as *stokvels* can be supported by macroeconomic and policy strategies (Kim et al 2007:1800).

It was concluded that:

- a *stokvel* would enable a group of parents/ primary caregivers to be able to access microfinance, save for their children's immediate and future needs, and build social connections.

The second capacity building intervention identified by parents/ primary caregivers was the objective of acquiring financial literacy training.

8.3.3.2 Financial literacy

The intersectionality of the debt vulnerability of Welbedacht East parents/ primary caregivers was mentioned throughout the presentation of the findings in Chapters Five, Six, and Seven in references made to factors such as income insecurity, unemployment, poor education, intergenerational patterns of poverty, age, gender, absent fathers, and unplanned pregnancies. These factors explained why the poor have the highest debt-to-income ratio in South Africa (Engelbrecht 2015:112; Mashigo 2006) and has continued to increase steadily since 1995 (Mashigo 2006). Poor South African households represent close to a quarter of active consumers of credit and more than half of this group are unable to meet their credit repayments, the majority having multiple debts from moneylenders and credit lenders (Engelbrecht 2009:155; Mashigo 2006). Many apply for loans to settle other loans and spend more than half of their monthly income repaying their debts (Mashigo 2006). The debt of the poor further includes money owed to relatives, neighbours, friends, and local stores and informal sellers of goods who give them credit (Collins, Jordan & Coleman 2010). Over-indebtedness is detrimental to the well-being of those who are affected (Engelbrecht

2008:257) and is a good reason why social workers should be doing more to assist vulnerable families to manage their finances (Engelbrecht 2008:257).

a. Financial literacy – a necessary life skill

Close to two decades ago, Jacob, Hudson and Bush (2000) noted that to survive the modern world people needed to have a good understanding of financial matters to enable them to make sound decisions about managing their finances wisely. As presented by Lyons, Chang and Scherpf (2006:27), the financial system is complex, and few people possess adequate ‘financial savvy’ to protect their financial interests unless they understand it. People need to know what they should be paying for financial services, how to prevent themselves from falling into debt, why a positive credit rating is important, and how to invest in financial products wisely (Jacob et al 2000). Information such as this is particularly relevant to the poor, to encourage them to take steps to prepare themselves for economic shocks. They are the most prone to socioeconomic factors that destabilise their families, increase the risks of foreclosures on loans and hire purchase agreements, and in many instances, these can lead to their losing their homes (Jacob et al 2000; Lyons et al 2006:27). The rationale behind financial literacy is that people who understand fiscal concepts, financial services, and financial options are better equipped to manage financial resources, even when their finances are limited (Engelbrecht 2008:253). It is further promoted that such knowledge encourages people to build their long-term financial security (Lyons et al 2006:27).

b. Definitions of financial literacy

Financial literacy training is a specialised human capital development strategy, designed to assist people to improve their financial decision-making skills (Zhan et al 2006:54). Some authors use the term financial capability instead, advocating that people need more than financial literacy and need to be empowered to manage their resources and make proficient financial decisions (Despard & Chowa 2010:24). As explained by Engelbrecht (2008:254; 2009:115), financial literacy is a multi-dimensional concept that overlaps with other concepts and disciplines such as personal finance, family economics, money management, money knowledge, economic literacy, and consumer literacy. More simply explained, it refers to “people’s ability to work with money” (Engelbrecht 2015:117).

Additional information pertaining to the theoretical rationale of financial literacy, a conceptualisation of what it involves, professional endeavours to improve financial literacy, and financial literacy outcome studies is presented as Addendum GG.

c. Social workers and financial literacy – possible developmental intervention for working with vulnerable families

Given the exclusion of the poor from financial and community institutions, they require knowledge about public benefits and financial information to enable them to manage and utilise their resources more effectively (Zhan et al 2006:54-55). This capacity building measure substantially reduces their vulnerability to predatory lenders and financial scams (Lyons et al 2006:27). Yet financial literacy programmes are seldom adapted for low-income groups (Zhan et al 2006:66). To this, Engelbrecht (2011:43) adds that even social workers who work mostly with low-income groups continue to overlook financial literacy as a relevant social developmental intervention, as will be explained further in this section.

The reasons why social workers should be offering financial literacy as a viable intervention are explained below.

Financial illiteracy has long been recognised as a debilitating factor in poor households (Engelbrecht 2008:253). Social workers generally work with people who face financial challenges and are well-positioned to build the financial capabilities of their clients (Despard & Chowa 2010:27).

In more than one publication, Engelbrecht attests to financial education effectively complementing traditional welfare by empowering vulnerable households to make sound financial decisions, elevate themselves out of poverty, and achieve financial security (Engelbrecht 2008:253; Engelbrecht 2011:41-42; Engelbrecht 2015:112). Engelbrecht also (2011:49) refers to the dual role that social workers should be playing: enabling vulnerable clients to access financial services and helping to advance their skills and attitudes, and regulate their emotions, motivations, and values in relation to managing money. These interventions are consistent with the objectives of the social development paradigm outlined in the White Paper for Social Welfare (Ministry for Welfare and Population Development 1997). The role of the social worker should be to strengthen people's capacity to enhance their social and economic inclusion.

Specific contributions that social workers can make to increase financial capacity building are acknowledged by Despard and Chowa (2010:34). They assert that social workers are well-informed about human behaviour in the social environment, particularly oppressive practices. They are familiar with existing community protective factors such as social security, unemployment insurance, disability benefits, childcare subsidies, and public health insurance.

They are able to develop a holistic understanding of the person's psychological, emotional, and spiritual relationship with money (Despard & Chowa 2010:35).

Focussing on the South African context, Engelbrecht (2008:259) connects financial literacy education and poverty alleviation, motivating that if social workers are serious about empowering vulnerable families to elevate themselves out of their poverty, then they would be more involved in offering financial education. As an example, Engelbrecht (2008:253) states that financial literacy helps to link social grant recipients to opportunities for economic activity. His argument is that since the purpose of social work is to promote social change to enhance the well-being of people, promoting the financial capacity of vulnerable families does just that. Financial literacy enables people to make wise decisions in terms of spending, saving, borrowing and investing; helps them to develop healthy financial habits; links them to opportunities and resources; and increases their access to reliable information about money matters (Engelbrecht 2008:257-258).

Although recognised as a valuable capacity building intervention for vulnerable families, financial literacy is seldom used as an intervention by social workers (Engelbrecht 2009:165; Engelbrecht 2011:43; Engelbrecht 2015:111; Strydom 2012:447). Services offered by social workers to over-indebted households in South Africa are reported to be meagre, and reports are mostly anecdotal (Engelbrecht 2011:44). Engelbrecht (2011:44) therefore concludes that social workers are not sufficiently engaged in helping the poor to move out of poverty. He advocates that to be true to the principles of human rights and social justice, social workers should be tackling systems that exclude people, either socially or financially, and drive social transformation. Their duty is to advocate for expert information, appropriate financial services, and financial institutions willing to assist vulnerable groups (macro-system interventions), and to facilitate financial literacy education (micro-system intervention) (Engelbrecht 2011:49). These interventions will contribute to the achievement of social development goals (Engelbrecht 2011:49).

However, Engelbrecht's (2009:161) study of social work cases in the Western Cape, Northern Cape, and Eastern Cape found that even though 59 per cent of their clients were indebted, 33 per cent of these had not received any direct social work intervention about over-indebtedness and financial capability. Reasons given were that the social workers were under too much pressure to include financial interventions, did not consider themselves to be adequately trained to offer financial advice, and some felt strongly that it was not the social worker's role to address the financial matters of their clients.

According to Engelbrecht (2015:111), when financial literacy is offered, it promotes the strength, resilience, and hope of vulnerable families (Engelbrecht 2015:111). Based on a community education model, financial literacy motivates people to develop responsible citizenship, expands their life skills, and teaches people about financial skills and how to integrate the information into their daily lives. He further motivates that financial literacy enables people to reconnect with their inherent strengths and capabilities (Engelbrecht 2015:119).

The next section considers the outcomes of financial literacy studies.

d. Conclusions about financial literacy programmes in relation to the locally specific parenting support intervention

Social workers do have an important role to play in improving the financial knowledge of low-income persons. They are well-positioned to contribute their expertise to developing financial literacy amongst vulnerable families. In conclusion, whilst financial education is recognised as an effective intervention, it will never be enough to reduce poverty (Jacob et al 2000) and social workers must continue to drive social transformation.

The value of financial literacy for inclusion in the locally specific parenting support intervention is evident. As stated in Section 7.5.1.3 such an intervention is consistent with the strategic objectives of the White Paper on Families in South Africa (2013). It is a social developmental intervention consistent with a social development paradigm on which the White Paper for Social Welfare (1997) is based.

Financial literacy education would address one of the objectives of the locally specific parenting support intervention:

- to offer financial literacy and home budgeting to enhance the financial acumen of parents/ primary caregivers and empower them.

This would help to increase the capacity of parents/ primary caregivers to provide for the basic needs of their children and improve their foundational parenting competence. It would reduce financial stress; equip them with skills to better manage their financial resources; inform them about the financial resources best suited to their needs; and reduce their vulnerability to predatory sources benefitting from their financial ignorance.

The last recommended capacity building intervention requested by research participants for inclusion in the locally specific parenting support intervention was skills development to enable

them to establish small-scale economic developments, referred to them as income generating projects.

8.3.3.3 *Income generating projects*

The developmental approach outlined in the White Paper for Social Welfare in 1997 intends that social interventions should promote the participation of previously excluded populations in activities to achieve social and economic justice, human rights, social solidarity, and active citizenship (Patel 2008:73). As positioned by Lombard (2008:123), this approach recognises the will, hope, and strength of the poor to initiate and actively participate in interventions to improve their lives. Communities are best informed about their circumstances and needs, their immediate environment, and the opportunities and resources available to them (Van Niekerk & Van Niekerk 2009:132). The adoption of the White Paper for Social Welfare in 1997 was intended to open the door for social workers to promote social investment strategies to bring about social change through integrated social and economic development (Lombard 2008:122; Lombard 2011:231; Patel 2008:73). Unfortunately, the change in welfare policy has failed to position the poor where they are meant to be (Patel 2008:76) and poverty remains a major socio-structural barrier that compromises parenting practices.

a. Small business development and its contribution to transformation and economic development

Promoting micro and small business development in low-income countries is considered an effective means of contributing to transformation and economic development (Lombard 2003:224; Patel 2008:76; Raniga & Ngcobo 2014:516; Strydom et al 2017:147). The benefits for those who participate in income generating activities are that: they are assisted to meet some of their most basic human needs, such as food and clothing; they can access opportunities to acquire skills and benefit from training in entrepreneurial development; their chances of employability improve as a result of the skills they gain; they expand their social networks; they have opportunities to be linked with the formal business sector; and their levels of poverty reduce (Jordan et al 2014:404; Lombard 2003:224-225; Van Niekerk & Van Niekerk 2009:128). The social benefits of economic development interventions are mentioned by several authors (Nieman 2006:163-164; Van Nierkerk & Van Niekerk 2009:128) who refer to the value of members forming groups that create purposeful shared activities, social integration, and emotional support, all of which contribute to their sense of well-being. For those living in communities with poor infrastructure, there are distinct benefits of participation of parents/ primary caregivers in such activities, the main ones being that they can continue to attend to their family obligations whilst taking care of their children in the absence of child-minding facilities and augment the family income at the same time (Van Niekerk & Van Niekerk

2009:131). Many Africans have no other option but to augment their meagre income, and attempt to do so, with great difficulty. Their limited access to credit and their lack of knowledge and skills because of poor educational opportunities prevents them from operationalising their ideas and undermines their ability to make their income generating initiatives sustainable (Lombard 2003:228). What they earn from their initiatives is hardly enough to break the cycle of poverty (Raniga & Ngcobo 2014:516).

A contributing factor to the limited evidence of successful social development interventions relates to social workers who fail to acknowledge the importance of this intervention in fighting poverty.

b. Social workers' knowledge and skills pertaining to economic development interventions

The professional orientation and training of social workers advances their understanding of the broader social issues affecting vulnerable families (Lombard 2008:44) and several social work course related competencies can be applied to economic projects such as demography, human resource management, communication, interviewing, and research skills (Lombard 2008:127). The human development focus of social work should underpin community economic development, because the role of social workers is to empower people and a way to do this is by linking them with economic development activities (Lombard 2008:138). The multi-functional focus on micro- and macro-levels of social work should therefore promote socioeconomic development (Lombard 2011:238).

Yet, it is reported that many social workers remain challenged in this aspect of social development (Lombard 2003:225; Patel 2008:76). A shortage in funding for programmes in organisations; a lack of human resources; the expansion of the social security system at the expense of funding being made available for other social work activities; high unemployment in the caseloads of social workers; and a lack of knowledge on the part of social workers about how to initiate income generating projects are cited as the predominant constraining factors (Bak 2004:90; Patel 2008:76; Sewpaul & Hölscher 2007:198).

As discussed by Patel (2008:79), there is a skills mismatch between what social workers feel competent to do and what is required of them when adopting a developmental approach. Even social workers who are actively engaged in economic development initiatives indicate the need for advanced training in business and financial skills to increase the confidence of those involved in income generating initiatives (Lombard 2008:127). The social workers in Lombard's study (2008:127) identified specific training needed to increase their competence

in economic development initiatives: how to negotiate for economic resources; follow meeting procedures and maintain records of meetings; formulate business plans; execute financial record keeping responsibilities; read financial statements; budget; market products; cost items; and utilise economic resources efficiently (Lombard 2008:127). To this Lombard (2008:137) adds her own recommendation, namely that social workers should be more familiar with legislation, policies, and resources as relevant to economic development. In a later article, Lombard (2011:236) concedes that there is no common vision or strategy for achieving sustainable development in South Africa. She expresses her concern about the South African Government's ability to develop macroeconomic policies for job creation and grant universal access to economic opportunities, education and training, all of which are needed to drive sustainable livelihoods (Lombard 2011:236).

The distinction between income generating activities and sustainable economic development is an important one which needs elaboration.

b. The process of sustainable economic development

It is proposed by Lombard (2003:229) that there are three entrepreneurial routes: individual, family, or community businesses. As the participants in this study were interested in community businesses, the entrepreneurial route will be the focus of this discussion. It is noted that social development is best achieved when people engage in working together cooperatively within their local community (Lombard 2003:230; Midgley 1995:114). The mentioned authors advise that community entrepreneurship commences from the moment a group decides to start a project (Lombard 2003:230; Midgley 1995:114). There are three phases an entrepreneurial project needs to progress through before it is officially acknowledged as being sustainable: the pre-entrepreneurial phase, becoming an entrepreneurial venture, and being declared a sustainable business venture. These are mentioned in Addendum HH. The focus in this discussion on the pre-entrepreneurial phase as relevant to this study. The community economic development approach as presented by Lombard (2003:231-236) was relevant to the Welbedacht East parents'/ primary caregivers' income generating aspirations. The process of the economic development approach can be referred to in Addendum HH.

d. Current concerns and conclusions about socioeconomic development interventions

As mentioned, the lack of vision or strategy for achieving sustainable development in South Africa has meant that insufficient funds are invested in developing resources and services to support entrepreneurial projects, and as a result many do not become sustainable (Lombard

2011:236, 245). Lombard (2011:236) states that for social development to succeed, political leaders must prioritise the need to allocate resources to develop and implement programmes and achieve the balance between “providing the right to social assistance and the right to development”.

Those who engage in microeconomic development deserve to be supported. Areas identified for support include: assistance to secure microcredit to enable them to sustain their livelihood activities; advocacy to reduce oppressive factors that keep them economically marginalised; ongoing training and development to enable them to progress to more skilled and less physically demanding work; recruiting the support from local government to enable them to market their products within and outside the community; and establishing business forums to increase networking and advocacy (Raniga & Ngcobo 2014:524).

e. Conclusions about the value of micro and small income generating projects for inclusion in the locally specific parenting intervention

In conclusion, the support for micro and small income generating projects offered distinct benefits for the parents/ primary caregivers in Welbedacht East and therefore could be considered for inclusion in the locally specific parenting programme:

- to facilitate small income generating projects to augment the incomes of parents/ primary caregivers and develop new skills.

Income generating activities could contribute towards self-employment, enhancing the self-esteem of parents/ primary caregivers, and promoting their self-reliance, and would be a small step in the right direction to help the parents/ primary caregivers to break their dependence on social security (Khosa & Kaseke 2017:365; Lombard 2003:237). It is reported that those who participate in these ventures have a strong motivation to succeed driven by their need to break out of poverty (Raniga & Ngcobo 2014:525).

8.3.3.4 Conclusions reached about including socioeconomic development interventions in the locally specific parenting intervention

This concludes the step of disciplined problem solving and creativity for selecting the necessary elements for the intervention. Its purpose was to establish the scope of parenting support and, as motivated by Thomas and Rothman (1994:13), consult different types of information, not just the usual customary sources associated with the problem. It was concluded that South African social work policies related to working with the poor and strengthening families, offered some socio-economic solutions that could compliment parenting programmes, offering a more holistic social development approach to increasing the

capacity of parents/ primary caregivers. The literature search was extended to explore the feasibility of including social development interventions to promote the socioeconomic development of the Welbedacht East parents/ primary caregivers. Literature on the savings clubs/ *stokvels*, financial literacy, and income generating activities were useful and were directly relevant to the task goals that had been established by research participants for the locally specific intervention. The expansion of knowledge about research, related practice, and practice technology, as advocated by Thomas and Rothman (1994:11), helped to advance the researcher's understanding of what intervention methods could be included in the locally specific parenting intervention and finalised its boundaries, completing the tasks of Step 3 of Phase 3.

8.3.4 Phase 3: Step 4 – Involving the Design Team

Meaningful and helpful interventions can only be considered and evaluated in the context of the real world, because one depends upon the feedback of practitioners and target groups to do this (Bernal 2006:145; Thomas & Rothman 1994:13). The researcher chose to use the Delphi method to achieve this. As social inclusion was an integral principle throughout the research process, it was feasible to involve the community champions to confirm and refine the essential components of the parenting support intervention. This would combine the best available practice knowledge with the knowledge of the locally specific experts. The community champion action group best understood the needs of the local community, had been involved in the research process and were closely connected to the parents/ primary caregivers of Welbedacht East. The Delphi process would help to confirm whether the goals and objectives of the locally specific parenting intervention had been correctly interpreted and expand the design by offering detail to what elements and protocols were in the interests of the locally specific parenting support intervention. Explanation is offered about the Delphi process was applied to this step of the study, and then discusses the findings that were reached.

The discussion commences with the rationalisation of using the Delphi process and how it was applied.

8.3.4.1 *Formulating the initial intervention using the Delphi process*

Delphi is a structured group communication process that involves several experts anonymously in decision making about how a specific issue should be addressed by collecting and consolidating their subjective opinions (Cramer, Klasser, Epstein & Sheps 2008:212; Vernon 2009:69; Yousaf 2007:1). Those considered to be experts are persons perceived to have valuable expertise or insight into an issue (Keeney, Hasson & McKenna 2006:206; West

2011:71). The knowledge and opinions of the panel of experts are captured and structured through collecting data over several rounds until group consensus is recognised (Cramer et al 2008:212; Keeney et al 2006:206; West 2011:71). The Delphi method is particularly effective in research when the researcher no longer requires descriptive information, but rather a quick understanding of how the issue should be addressed (West 2011:73). This was certainly the case at this stage of the study. Using focused questions would guide the Delphi participants towards the goal (Skulmoski, Hartman & Krahm 2007:10) to select the elements of successful interventions identified during the literature and natural example review which best fitted the proposed goals and objectives of the parenting support intervention. In keeping with the participatory nature of the research, it was decided to involve the community action group as the panel of experts.

There is no clear consensus about what the definition of 'expert' is (Keeney et al 2006:208; West 2011:238). It is noted that experts can vary between clinicians, the general population, and world authorities (Vernon 2009:71). According to Skulmoski et al (2007:10), the expert should have four expertise requirements: i) knowledge and experience of the issues being studied; ii) competence and willingness to contribute to the study; iii) time to participate; and iv) effective communication skills. The objectivity of the Delphi participants is proposed by Cramer et al (2008:216) as an additional criterion. The nature of the study dictates what criteria should be applied as the requirements for expertise (Keeney et al 2006:206; Vernon 2009:71).

In this research context, the researcher was interested in locally specific perceptions and needed the community champion action group's experience of being well-integrated members of the Welbedacht East community. They had a good needs-based understanding of how the parents/ primary caregivers could be helped to improve their parenting practices. Having worked with the community action group from the outset of the study, their ability to communicate and their objectivity had been established during the earlier rounds of the research process. As they were already engaged in the research process, it made sense to engage them in the interest of the trustworthiness and dependability of this study (West 2011:238). As indicated by Vernon (2009:71), a minimum of four experts is required, whilst others propose that between 15 and 171 experts can be included dependent upon the nature of the study (Skulmoski et al 2007:10). A homogenous group of participants was needed to represent the needs of the parents/ primary caregivers, and a smaller group of experts was indicated (Skulmoski et al 2007:10). The reviewed literature warns of two risks when using a small group. Firstly, this research step is compromised if someone drops out (Cramer et al 2008:217). This did not appear to be a likely complication as the community champion action group were consistently committed to the study from the outset and only unexpected life crises

would cause them to drop out. Secondly, the findings of smaller groups are more difficult to verify (Skulmoski et al 2007:10). Noting that the IDD Model involves additional research phases, the researcher knew that further verification of the results would be included after piloting the locally specific parenting intervention in the next phase of the IDD Model. This risk factor was therefore not a threat to this research. Being able to work with the existing action group rather than extend the research team offered advantages as they were committed to the development of the parenting intervention and were accessible for data collection steps.

The general Delphi process as described in the literature (Cramer et al 2008:217; Keeney et al 2006:206; Skulmoski et al 2007:3; Vernon 2009:71; Yousaf 2007:2) is considered to mostly consist of three rounds (Davidson 2013:56; Keeney et al 2006:207; Skulmoski et al 2007:11; Vernon 2009:71). According to West (2011:239), the number of rounds varies between two and four. The panel members are asked to share their opinions on an issue and a broad question is asked (Skulmoski et al 2007:10). After data is returned by the Delphi participants, the researcher summarises the data and designs a new questionnaire based on the consolidated responses gathered in the first round. For the second round the questionnaire is returned to each participant, showing the general group response from round one. The data are presented, offering statistical data that demonstrates the amount of support for each question (Cramer et al 2008:217-218). The participants are asked to reconsider their initial response in the light of the first round's overall results. The rounds of the process are carried out as many times it takes before consensus is reached (Vernon 2009:71). Some authors question the benefits of conducting more than two closed-ended rounds of questions, noting that respondent fatigue often sets in and response rates drop (Cramer et al 2008:217; Skulmoski et al 2007:11). Some uncertainty remains about what is considered as consensual evidence, and it is projected differently by different authors. It ranges between 50 per cent to 100 per cent, but values of 70 per cent are the most popular mark of consensus (Keeney et al 2006:209-210; Vernon, 2009:71).

The flexibility of Delphi process allows different formats (Vernon 2009:70). As suggested by Vernon (2009:70) one may use a focus group discussion to generate qualitative comments to form the basis for closed-ended questionnaires for round two (Vernon 2009:70). Similarly, Cramer et al (2008:216) suggest that qualitative analytical results can provide the closed-ended items that are included in a survey for the next round. The broad question in this study was: "What positive parenting practices do the parents/ primary caregivers wish to see developed amongst parents/ primary caregivers in Welbedacht East to ensure that parenting practices improve?" (see Section 1.6.2). This question was answered at the consultation workshop that the community champion action group had participated in. Data collected from

literature and the natural examples augmented the goals and objectives. The elements suited to the locally specific parenting intervention needed to be confirmed and could easily be developed into a closed-ended survey.

There are several different opinions of how long each round of the process should take. Normally, according to Keeney et al (2006:208), the process takes up to eight weeks, although West (2011:239) suggests it can be shorted to only two weeks. However, another modification of the Delphi process as suggested by Vernon (2009:71) is that the process can be completed in one day. This was an attractive solution for this study. It helped to shorten the time frame of this process to allow the researcher to complete the Delphi process in one day and, as suggested by Skulmoski et al (2007:11), keep the levels of participation and enthusiasm high because of the quick turnaround time.

A closed-ended survey was developed to create a well-defined list of choices for the Delphi participants based on the information gathered (Cramer et al 2008:216) (see Addendum EE). Delphi participants were prepared about what the Delphi stage of the research process would entail, first in a telephonic interview and then by the researcher paying them each an individual face-to-face visit. They were reminded of the elements, aim, and task goals of the parenting support intervention as developed at the consultation workshop nine months earlier. Each committed to participating. The community champion experts were informed that they would be invited to a day-long meeting where the survey would be completed on an individual basis. Their responses would be gathered in several rounds, and they would be able to see the cumulative responses from the group in each phase. The additional information that the researcher had gathered on existing sources and natural examples would be used to offer more detail to the objective and task goals established at the consultation workshop. A computer and data projector would be used to capture and display their consolidated responses at the end of each round. They would complete each round of the survey rounds on the same day. The venue chosen for this process was one of the ECD schools and transport was arranged for three of the community champions to attend.

The Delphi process was held on the designated date. Participants were once again briefed about the method that was going to be used and the rationale for using it. The panel completed the surveys in a large room, where each participant was seated in a different part of the room so as not to be affected by other Delphi participants. Four identical survey sheets were allocated to each panel member in the form of a letter (see Addendum DD). Each community champion was allocated a secret code on arrival and entered this code on the top of each of their survey sheets. The anonymity of Delphi participants' responses is a central feature of

this research methodology (Cramer et al 2008:212; Skulmoski et al 2007:2) and allows participants to freely share their perceptions, without succumbing to social pressure. The panel participants were reminded that the purpose of the Delphi method was to evaluate the merits of the collated outcomes of each round rather than concern themselves about who proposed or endorsed them (Skulmoski et al 2007:2).

The closed-ended survey items were explained to ensure that there were no ambiguities. The Delphi participants were reminded that after completing the survey the first time, their responses would be consolidated electronically and presented using the data projector. After considering the responses from the other community champion Delphi participants and reflecting on their personal feelings, they could remain committed to their first responses, or modify them after further contemplation, and the outcome of the process would be to establish adequate consensus of opinions (Cramer et al 2008:216). The plan was to complete as many rounds as it would take before consensus was evident.

Panel experts were allocated 20 minutes to complete the first survey sheet, using the black pens provided. Round one surveys were collected and the information was consolidated on a laptop computer. Refreshments were served whilst the first round of survey responses were collated. They were projected using a data projector for Delphi participants to review the responses before completing the second round of surveys. Panel participants were requested to amend the second survey sheet, adding the extra items that had been added by panel experts in the first survey. Participants were reminded that their views could be changed because of the progression of their thoughts and/or feedback of others (Skulmoski et al 2007:2). The second survey sheet was completed. This took less time; approximately 15 minutes. The data of round two was consolidated on the computer and projected once more.

Whilst the list of items is usually pared down as rounds progress to exclude redundant items based on participants' responses (Skulmoski et al 2007:4), in this instance it was not possible because survey schedules were printed ahead of the Delphi process, in the absence of a printing facility at the venue. When the responses were collated in this round it was evident that there was enough consensus, as participants' responses had not changed. It therefore was not necessary to do the fourth round.

Most of the parenting support elements were validated by the panel of community champions.

8.3.4.2 *The outcomes of the Delphi process*

There were five categories of information that needed to be decided upon. Each represented one of the task objectives of the parenting support intervention determined at the consultation workshop. The outcomes of the Delphi panel's decisions are presented according to each of the categories of topics surveyed: parenting topics, life skills training for parents/ primary caregivers, financial literacy, developing a savings club/ *stokvel*, and facilitation of the socioeconomic development of the parents/ primary caregivers through small income generating activities. The discussion commences with the outcome related to the parenting topics they agreed upon.

a. **Parenting topics**

This section discussed the parenting topics that were validated or rejected by the panel and are presented according to the four domains of parenting: physical health development and safety; emotional and psychological development; social development and behaviour; and cognitive development and education as referred to throughout the thesis. The fifth domain, foundational competence of parenting, is presented separately under life skills for parents. As will be seen, those topics that were approved by the panel were closely aligned with those identified during participant interviews and the consultation workshop. The first group of topics relevant to the promotion of parenting practices related to the physical health, development and safety of the child.

- **Promoting the physical health, development and safety of the child**

The topics supported by the four panel members relevant to this domain of parenting are represented in the table.

Table 8.5: Topics related to the promotion of the physical health, development and safety of the child

Topics related to the promotion of the physical health, development and safety of the child
Nutrition
Hygiene
Maintaining the child's safety
Setting limits and fair discipline
Creating stability and routine
Mobilising community engagement for the protection of children in the community
Alternatives to corporal punishment
Teaching the child about his/her body

The panel supported all topics listed. Creating stability and routine in the child's life was recognised as relevant by three panel members in round one, and later endorsed from

round two onwards by the whole panel. Similarly, mobilising community engagement for the protection of all children in Welbedacht East grew in support, receiving two votes in round one, three in round two, and four in round three. Two additional topics were proposed by one of the panel members. The first was providing parents/ primary caregivers with alternative forms of discipline to corporal punishment, which was added in round one and approved by all panel members in rounds two and three. The second was teaching the child about his/her body, added in round two and ratified by panel members in round three.

- **Promoting the emotional and psychological development of the child**

Topics listed under the category of promoting the emotional and psychological development of the child as presented in the table below were unanimously endorsed by the panel.

Table 8.6: Topics related to the promotion of the emotional and psychological development of the child

Topics related to the promotion of the emotional and psychological development of the child
Showing love and respect to the child
Understanding the child
Appreciating the child's uniqueness
Improving parent-child communication
Building the child's faith/hope
Building the child's self confidence
Putting the child's needs first

The topic 'being aware of the uniqueness of each child' was endorsed by two panel members in round one, and then supported by the whole panel from round two onwards. Three members endorsed the topic 'building the child's faith and hopefulness' in round one and it was supported by all from round two onwards. As noted by Cramer et al (2008:217-218), panel members often change their initial response when the first round's overall results are presented. The panel members did not add any additional topics under this domain.

- **Promoting the social development and behaviour of the child**

There was almost full endorsement of the all the topics listed. Only one was not supported, namely teaching the child about the risks of substance abuse.

Table 8.7: Topics related to the promotion of the social development and behaviour of the child

Topics related to the promotion of the social development and behaviour of the child
Parental role modelling of good behaviour
Teaching the child manners/ respectful behaviours
Understanding and teaching the child about children's rights and responsibilities
Setting age-appropriate chores for the child
Developing the child's religious and/or cultural identity
Teaching the child about substance abuse
Reassuring the child that it is normal to make mistakes

Teaching the child about the risks of substance abuse received support from one member only. Two possible explanations were, firstly, the focus of the parenting programme was on children under nine years of age and may not have seemed relevant for this age group, and secondly, the topic was included in another section, under the life skills task section. It was supported in the section of life skills intended to increase the foundational competence of parents. One additional topic was proposed: teaching the child that it is normal to make mistakes. It did not receive support from others and was therefore excluded.

- **Promoting the cognitive development and education of the child**

There was one topic in this category that was not supported by one of the members of the panel, namely 'stages of the child's development', but following the 70 per cent agreement principle (Keeney et al 2006:210; Vernon 2009:71) it was retained because three other panel members had endorsed it. No additions were added to this category.

Table 8.8: Topics related to the cognitive development and education of the child

Topics related to the cognitive development and education of the child
Stages of the child development
The importance of school attendance
Teaching the child basic literacy in the home
The importance of parental monitoring of homework tasks

The next task objective that needed to be ratified was the life skills programme for parents/ primary caregivers, and the elements to be included under that domain.

b. Life skills programme for parents

The elements of the life skills task objective included topics recommended by participants in interviews and the consultation workshop. All the topics were related to the promotion of the foundational competence of parents/ primary caregivers as shared in the table.

Table 8.9: Topics related to the foundational competence of parents

Topics related to the foundational competence of parents
Managing emotions
Stress management
The importance of getting help and where to find it
Dealing with past hurts
Substance abuse and how to manage its effects in the home
Reproductive health education
Recognising and dealing with child sexual abuse
What are important health checks?
Spiritual health
Co-parenting
Dealing with partners/ strengthening family relationships

Panel members supported each of the elements presented in the table except for promoting the spiritual health of parents/ primary caregivers and co-parenting. Panel support related to 'promoting spiritual health' received full support from round two onwards, but 'co- parenting', identified by one participant in round one, was not endorsed by others and the proposer dropped it in the last round. A possible explanation being that many fathers were estranged from their children in that community. In round two a different topic was added, one that received full endorsement by the panel in round three, namely 'dealing with partners/ strengthening family relationships. Such a topic would address step-families, more typical in the community, which was reported to disrupt the relationship between mothers and their children.

The third task objective of the parenting support intervention as confirmed at the consultation workshop was about enhancing the financial literacy of parents.

c. Financial literacy for parents/ primary caregivers

After examining what was known about financial literacy training in the reviewed literature, several reoccurring elements were identified and included in the survey schedule. The topics are presented in the table below.

Table 8.10: Topics related to financial literacy and home budgeting

Topics related to financial literacy and home budgeting
Defining financial values: responsible spending (balancing what I need vs. what I want)
Developing a budget, keeping track of money
Understanding credit and debt management: paying bills on time, consumer loans
Recovering from bad debt
Bank accounts and loans and how they work
The importance and benefits of savings and how to develop a savings plan for: burial; life events; insurance
Day-to-day, medium-term and long-term savings
Home Affairs and ID documents
Accessing social security/grants
Avoiding debt

All topics listed were approved, although the importance and benefits of savings and how to develop a savings plan for burial, life events, and insurance was not supported by one panel member, nor was 'day-to-day, medium-term and long-term savings. However, adopting the 70 per cent principle meant these topics would be retained (Keeney et al 2006:209-210) Vernon 2009:71). Three additional elements were proposed for the task objective of improving the financial literacy of parents/ primary caregivers in Welbedacht East. The first was educating parents/ primary caregivers about how to obtain identity documents from the Department of Home Affairs, essential for enrolling children in schools, qualifying for services at hospitals and primary healthcare facilities, and applying for social grants. This was fully supported by the panel in round four. The second was educating parents/ primary caregivers about how to access social/security grants. This did not get full support from the panel but met the 70 per cent criterion and therefore was retained. The third was 'avoiding debt', included by one panel member in round one and supported by all from round two onwards.

The elements for the fourth task objective, forming a savings club/ *stokvel*, are discussed next.

d. Forming a savings club/ stokvel

Topics or elements of this category were identified from literature. The topics that were most acknowledged are presented in the table below.

Table 8.11: Topics related to developing a savings club/ *stokvel*

Topics related to developing a savings club/ <i>stokvel</i>
Setting the objectives of the <i>stokvel</i> : to promote personal and group development and friendship among members; to save money and eventually look for business opportunities for the club; what the money is being saved for.
Membership: registering members; choosing the membership size of the club; developing membership forms; getting members' commitment to abide by the rules of the club's constitution.
The constitution: developing a constitution/ founding document.
Establishing the executive committee: responsibilities of chairperson, secretary, and treasurer.
Opening a bank account: choosing signatories; explanation of the letter of authorisation of signatories and their concomitant responsibilities.
Membership contributions and share of profits; resignations and implications.
Dissolving the <i>stokvel</i> and sharing proceeds.
Difference between formal and informal savings clubs

The topics as presented under this category in the surveys were fully supported in all rounds. However, an additional topic was added by a panel member, namely 'the difference between formal and informal savings clubs' and from round two the additional topic was ratified by all panel members.

The final task objective was related to the socioeconomic development of parents/ primary caregivers living in Welbedacht East, namely to provide education and support for developing income generating activities.

e. Small income generating projects

Topics extracted from literature on the socioeconomic development of communities were included in the surveys and presented in the table below.

Table 8.12: Topics related to starting small income generating projects

Topics related to starting small income generating projects
Technical skills training: developing skills to produce things
How to write a business plan/ funding proposal
Bookkeeping knowledge
Marketing skills
Pricing products for profit
Liaising and networking

As in the previous category, there was a full endorsement of all the topics. No additions were added by panel members.

This concludes this section of Step 4 of Phase 3. One observation was that the results of the last two task objectives, 'forming a savings club/ *stokvel*' and 'starting small income generating

projects', did not yield additional input from the panel members and were accepted as presented. Participants' lack of experience with these topics may explain why they stayed with recommendations of existing examples that had been extracted from literature. The value of the topics identified from literature will need to be reviewed once the locally specific intervention is piloted in Phase 4 of the IDD.

8.3.4.3 *Review of the application of the Delphi process*

The advantages of using Delphi for this study were that it offered a simple, flexible, and efficient research tool to verify elements that had to be selected for inclusion in the locally specific parenting support intervention (Keeney et al 2006:208; Skulmoski et al 2007:2; Vernon 2009:73); it positioned the community champions as experts, allowing them to express their opinions freely, offering a democratic process with reasonable anonymity (Vernon 2009:73); evidence could be produced quickly in one day (Vernon 2009:73); it is considered as a reliable research method for postgraduate research (Skulmoski et al 2007:12); and according to Cramer et al (2008:212), achieves a closer representation of objective truth than other conventional methods of establishing expert opinions.

There are limitations related to the application of this process that need to be acknowledged, particularly about conducting the Delphi process in one day. Having the rounds so close together meant that participants could easily remember the responses they shared in the previous round/s and not make much effort to review their ideas. In addition, the researcher could not monitor discussions between panel members whilst capturing results from different rounds, so it is not known to what extent participants may have influenced one another in between rounds. Being in a small group where panel members were known to one another and completed the surveys together, the participants' need for social approval may have influenced responses. Finally, participants had been exposed to the information that the researcher had gathered from literature and natural examples before their participation in the Delphi process, which may have influenced their responses. On reflection, the researcher believes that the findings would have been strengthened by using the Likert Scale for the questions, as suggested by Cramer et al (2008:218). However, the advantages of using the Delphi method outweighed the risks.

The Delphi process contributed to the fidelity of the study and the methodological limitations identified here could be revisited when reaching Phase 4 of the IDD Model, when evaluating the intervention from Phase 4 onward. The two main purposes for using the Delphi method were achieved: the goals and objectives of the proposed parenting support intervention were confirmed, and the elements for inclusion brought to light by the literature and natural

examples were validated by representatives of the community, extending the participatory and social inclusion process followed in this study.

8.3.5 Phase 3: Step 5 – The Outline of the Initial Intervention

This section states the procedural elements of the intervention design (Fawcett et al 1994:34). The Delphi process resulted in the development of a parenting support intervention design specifically tailored to the needs of parents/ primary caregivers in Welbedacht East. The design integrated the cultural and contextual elements identified in the formative phases and steps of the IDD. The elements of the intervention design and basic procedures were confirmed, as will be presented (Fawcett et al 1994:34), and the discussion is arranged according to the essential elements that were prioritised for the parenting support intervention, namely the format, human resource structure, facilitators and collaborating organisations, specific topics to be covered, and intervention protocols planned.

8.3.5.1 *The prioritised essential elements of the parenting support intervention*

The overarching intervention goal as stated in Section 7.5.1.4 remained:

- To create a holistic early intervention for parents/ primary caregivers of children under nine years of age living in Welbedacht East, motivated by the White Paper on Families in South Africa (2013), that would enhance their parenting practices.

A broad range of community participants were involved in determining what specific elements contributed to the parenting problem in Welbedacht East and potential task goals were formulated as prescribed in Section 4.4.5.2 and stated in Section 7.5.1.4 to moderate these factors (Fawcett et al 1994:31; Gilgun & Sands 2012:351). These elements were researched and confirmed as feasible interventions during Phase 2 and 3 of the IDD research process.

The elements prioritised for inclusion in the parenting support intervention were:

- To offer a parent education programme to equip parents with positive parenting strategies to strengthen the parent-child relationship, improve the quality of parental care of the child's basic needs, and reduce harsh and punitive parental behavioural control methods.
- To offer parents/ primary caregivers life skills counselling to improve their psychological well-being.

- To develop a *stokvel* to enable a group of parents/ primary caregivers to access microfinance, save for their children's immediate and future needs, and build social connections.
- To offer financial literacy and home budgeting to enhance the financial acumen of parents/ primary caregivers and empower them.
- To facilitate small income generating projects to augment the incomes of parents/ primary caregivers and develop new skills.

8.3.5.2 *The recommended format for the parenting support intervention*

The reasons for deciding to use a small group format, as well as the reasons behind the size, duration, and dosage of the parenting support intervention will be explained.

a. Small support groups

The format of the parenting support intervention would be small parent/ primary caregiver support groups of approximately 12 to 20 members. According to Toseland and Rivas (2012:20), support groups are supportive intervention strategies used to increase mutual aid, assist members to cope with stressful life situations, expand their coping abilities, and reconnect them with their strengths and resilience. Apart from the socio-emotional support that members would receive from belonging to the group (Hope & Van der Merwe 2013:325; Jordan et al 2014:405; Lucas 2011:183; Moran et al 2004:76), the group would receive additional psycho-social education from other sources. The intention was that parents/ primary caregivers would, over time, advance their self-efficacy as parents/ primary caregivers, feel empowered to deal with some of their challenges, be more open to seeking help from relevant resources, and embark on a journey of personal self-development.

b. Duration of the programme, and dosage and length of the sessions

The intervention design included both parenting education and life skills counselling to improve the parent-child relationship and the quality of the parental care of children, as well as socioeconomic development interventions to empower parents/ primary caregivers to be less reliant on their social grants. Whilst a six to 24-week parenting programme for high-risk parent groups is recommended (Knerr et al 2013:358), the inclusion of the socioeconomic development components meant the intervention would be extended to 24 months to allow time for the socioeconomic development to be properly established. As presented by Patel and Wilson (2005:278), poverty reduction programmes follow a process consisting of four distinct phases: project conception, project preparation, project implementation, and project monitoring and evaluation. These phases require time. The group format, combined with

regular education input, would satisfy two of the indicators of successful poverty reduction projects (Patel & Wilson 2005:282), namely there would be a core group of committed project members and they would receive on-going mentoring in project management and financial management, as well as business support from professionals.

The sessions were designed to be two and a half hours long and would be held weekly at a venue arranged by the community champions.

The next procedural element that was considered was who would be responsible for organising the intervention and presenting the programmes.

c. The human capacity structure, facilitators, and participating organisations

The researcher will remain connected to the parenting support intervention programme, offering mentoring and supervision to the community champions through UNISA's community engagement programme. Social work students will be placed in the project to benefit from service learning in areas such as family strengthening, small group counselling, and social development projects.

Community-based facilitators will be used to coordinate the programme and organise the presenters for the different sessions using a jointly developed schedule of practice-based organisations who will offer programmes and topics relevant to those identified in the parenting support intervention. The community champions will be responsible for establishing the group and group climate, and for facilitating group cohesion. From an administrative perspective, they will compile membership lists, monitor attendance, and follow up with absentees. Additionally, they will refer members in need of help to relevant service organisations. The role that the community champions will play in the socioeconomic development component of the programme will be to serve individually as chairperson of a savings club/ *stokvel* and project leader for an income generating activity. They will help to establish committees for both and serve in those leadership positions until democratically elected parents/ primary caregivers are appointed to replace them. The community champions had proved their leadership skills and commitment to creating a locally specific parenting support intervention and, even though they had not received professional training, they had served as volunteers in several organisations and were committed to serving the community (Al-Hassan 2009:33). They will receive training in group facilitation skills, group work ethics, how to determine when parents/ primary caregivers were at risk, and referral procedures. The cost-effectiveness of this method is acknowledged and making use of community champions will help to overcome the scarcity

of accessible professional services in Welbedacht East (Knerr et al 2013:360; Mejia et al 2012:171).

The District Family Service Forum (DFSF), a forum constituted under the auspices of the Department of Social Development, will be an accessible source of presenters of specific topics. The DFSF is a locally convened group of representatives from different organisations who are tasked to co-ordinate services to families and implement the White Paper on Families in South Africa (2013:56). They meet monthly, act as a referral network, arrange training for forum members, ensure that national policies are implemented locally, and share information and support services. The South Durban DFSF will be approached to offer psychosocial and educational input and act as a referral source for the parent/ primary caregiver members.

The combination of professional and community-based facilitators offered advantages for the locally specific parenting support intervention, as noted by Toseland and Rivas (2012:23). The members would benefit from the expertise of professionals and will feel less threatened with the community-based facilitators present. The parents/ primary caregivers would feel represented by the community-based facilitators and benefit from the practical support they offered them. The professionals would benefit from the community-based facilitators, who could share information about the community's context and culture.

The second external source that will be involved is the Area Based Management (ABM) team, an umbrella unit of the eThekweni Municipality, responsible for coordinating all municipal services in Welbedacht East. Their role will be to link the group with the different municipality departments, such as eThekweni Health and Social Services, Metro Police, eThekweni Traffic Engineers, and eThekweni Environmental Health Department, and eThekweni Economic Development and Facilitation. The ABM team will be involved in the economic skills development sessions.

The participation between community agencies and the group is promoted by Nelson et al (2001:7) to increase the support for parent participants, their families, and access to health services and community resources, promoting their help-seeking behaviours.

d. The content of the parenting support intervention

A clearly defined curriculum has been formulated, but it was agreed that it would not be implemented too rigidly or formally. There would be five elements to be covered, each element having its own content. The topics are presented in tables, and brief mention is made of the contextual and cultural factors that motivated their inclusion. The topics were discussed in

earlier in this chapter (see Sections 8.2.2.2 and 8.2.3.1 The parent education and life skills counselling elements should be based on behavioural and social learning theory, integrating some relational theory. The socioeconomic development elements rested heavily on social learning theory, as well as rights-based, strengths-based and social development approaches.

The topics related to the parent education element are presented in the table that follows.

Table 8.13: Parent Education Programme Content

PHYSICAL HEALTH, DEVELOPMENT AND SAFETY	PSYCHOLOGICAL AND EMOTIONAL DEVELOPMENT	SOCIAL DEVELOPMENT AND BEHAVIOUR	COGNITIVE DEVELOPMENT AND EDUCATION
Nutrition	Showing the child love and respect	Parental role-modelling of good behaviour	Stages of the child development
Hygiene	Understanding the child	Teaching the child manners/ respectful behaviour	Importance of school attendance
Maintaining the child's safety	Appreciating the child's uniqueness	Understanding and teaching the child children's rights and responsibilities	Teaching the child basic literacy in the home
Setting limits and fair discipline	Improving parent-child communication	Setting age-appropriate chores for the child	Parental monitoring of homework tasks
Creating stability and routine	Building the child's faith/ hope	Developing the child's religious and/or cultural identity	
Mobilising community participation for the protection of community children	Building the child's self-confidence	Teaching the child about substance abuse	
Alternative methods to corporal punishment	Putting the child's needs first	Reassuring the child that it is ok to make mistakes	
Teaching the child about his/her body			

Several culturally and contextually motivated topics were included. Topics associated with the physical health, development and health of the child, covering very basic health and safety knowledge, were: hygiene, nutrition, and safety of children in dangerous communities, as linked to poverty and high crime rates in the neighbourhood. Most topics linked to the social development and behaviour domain of parenting were culturally motivated: children's rights and responsibilities; instilling respect; promoting the child's cultural and/or religious identity as a means of increasing social control; setting age-appropriate chores for the child; and replacing corporal punishment with non-violent methods. The decision behind the choice of topics related to the cognitive development and education of the child were driven by contextual and cultural factors responsible for parents'/ primary caregivers' failure to promote the academic development of their children. Topics included were: ensuring the child's school

attendance; monitoring homework; preparing the child for school; and promoting basic literacy in the home.

Topics linked to the life skills counselling component are presented in the next table.

Table 8.14: Life Skills Counselling Programme Content

Life skills topics
Managing emotions
Stress management
Help-seeking and useful resources
Dealing with past hurts
Substance abuse and how to manage its effects in the home
Reproductive health education
Recognising and dealing with child sexual abuse
Vital health checks
Spiritual well-being
Parent's/ primary caregiver's relationships with partners (step-parents)
Strengthening family relationships

The listed topics aim to enable parents/ primary caregivers to manage the environmental stressors that affect their parenting functions. They include self-care and self-management themes and managing relationships with partners and the family. Faith was considered an important protective factor amongst residents in the community, as it enabled them to survive the harsh realities of living in Welbedacht East and was a means of promoting moral regeneration and regaining positive social control, suggesting why promoting the spiritual well-being of parents was included. Managing the effects of substance abuse, strengthening family values, and reproductive health education were topics that were contextually motivated to address social issues affecting residents, such as the high rate of substance abuse, teenage pregnancy, and child abuse.

Topics related to the socioeconomic development of parents/ primary caregivers are consolidated in the following table.

Table 8.15: Social Development Programme Content

FINANCIAL LITERACY AND HOME BUDGETING	DEVELOPING A SAVINGS CLUB/ STOKVEL	STARTING SMALL INCOME GENERATING PROJECTS
Financial values: balancing what I need and what I want	The objectives of a <i>stokvel</i>	Technical skills training: developing skills to produce things
Developing a budget: keeping track of money	Membership: registering members, determining the number of members, membership forms, getting member commitment, developing rules	How to write a business plan/ funding proposal
Understanding credit and debt: paying bills on time, consumer loans	The constitution: developing the founding document	Bookkeeping knowledge
Recovering from bad debt	Establishing the executive committee: responsibilities of chairperson, secretary, treasurer	Marketing skills
How to avoid debt	Opening a bank account: choosing signatories, letters of authorisation	Pricing products for profit
Banking services: accounts, loans	Members contributions and share of profits; resignations and implications	Liaising and networking
Day-to-day, medium-term, and long-term savings	Dissolving the <i>stokvel</i> and sharing the proceeds	
Developing a savings plan: burial, life insurance, life events	The difference between a formal and informal <i>stokvel</i>	
Home Affairs: ID documents, birth registrations, marriage certificates, death certificates		
Accessing social security/grants		

The purpose of the three elements, ‘formation of *stokvels*’, ‘financial literacy’, and ‘facilitation of small income generating projects’, is to relieve parents/ primary caregivers of some of their financial burdens. They aim to create opportunities for parents/ primary caregivers to access microfinance, protect themselves from unscrupulous moneylenders, develop positive financial practices, and learn to save to satisfy their basic needs and build a small financial cushion to protect themselves from unexpected life crises that typically draw them into debt. The topics in all three socioeconomic development elements are mostly about empowering the members, advancing social cohesion, and increasing their capacity to achieve the parents’/ primary caregivers’ shared goal, namely to be able to provide adequately for their children so that they can achieve the level of being ‘good enough’ parents.

e. Programme protocols

The learning methods for the design are largely linked to behavioural and social learning theories and will include group discussions on the parenting education and life skills counselling content. In-expensive participatory activities such as role plays, role-reversals, and teach-backs will be included in each session to create opportunities for parents/ primary

caregivers to practice skills and check their understanding of information learned. The engagement of the DFSF and ABM team means that some didactic education will be offered by presenters, but each presenter will be briefed to include participatory learning activities, introduce practical examples, offer teaching demonstrations, and encourage teach-backs. Homework tasks will be assigned, such as asking participants to practice skills taught in sessions at home and report back.

Whilst it was not possible to develop a parenting support intervention manual, each presenter will be asked to provide a one-page handout of their session, written in simple language, consolidating the main points of their session and including the contact details of their organisation. These will be filed in the lever arch file provided for each group member at the outset of the parenting support intervention.

Several procedural factors will need to be resolved after piloting the intervention. The first relates to the translation of materials into the home languages of participants. The second is developing incentives for the attendance of sessions relating to each of the elements of the programmes. It is hoped that on completing sessions in each element of the intervention participants will be awarded a certificate and badge. The object is for participants to collect the five badges which will then represent their graduation out of the programme.

Community champions will, in the long-term, need stipends to secure their ongoing involvement as community-based facilitators. At the very least, the stipends will have to cover air time for them to be able to arrange sessions, make referrals, send follow-up messages to absentees, and liaise with the researcher.

Sponsorship of light refreshments to be served at sessions will need to be sought. It is hoped that through the DFSF child minders will be arranged to care for the children of attending parents/ primary caregivers, so that they can participate in sessions without being disturbed and have peace of mind that their children are safe. These factors will have to be addressed when implementing the pilot programme.

f. Concluding remarks about the design

As outlined in Section 1.3, there was a need to develop a locally specific parenting support intervention for parents/ primary caregivers of children under nine years of age living in Welbedacht East.

To do this, participatory and social inclusion principles were adopted throughout the study, engaging the community members of Welbedacht East during each step of design process. Once the parents'/ primary caregivers' perceptions, knowledge, resources, and challenges about parenting were understood, the design for the parenting support intervention was evident. This chapter offered a description of how the design was developed. A five-step process was followed to finalise it. After the consultation workshop it was evident that existing parenting support interventions would not fulfil the aims and task goals that the community had agreed upon (Phase 3: Step 1). It was acknowledged that the boundaries of parent support interventions needed to expand for this locally specific group to achieve the aims and task goals that they had chosen for their parenting support intervention (Phase3: Step 2). Disciplined problem solving, and creativity were applied to identify elements for the intervention that would achieve the aim and task goals of the locally specific parenting intervention (Phase 3: Step 3). The design team, the community champion research action group, were involved to review and select the elements needed for the locally specific parenting support intervention (Phase 3: Step 4). Together, the researcher and community champion research action group finalised the outline of the design (Phase 3: Step 5). The outcome is the design of a parenting support intervention for the enhancement of parenting practices that includes parent education, life skills counselling, and socioeconomic development. The design's elements and the intervention protocols, which included the proposed intervention format, human resource structure, roles and responsibilities of community-based facilitators, the collaborative partners, and programme contents and protocols, were made explicit.

8.4 CHAPTER SUMMARY

The discussion in Phase 2: Step 1 commenced with a literature review of basic and applied research on parenting support programmes (Thomas & Rothman 1994:12), focusing mostly on parenting programmes, because they were most prominent in literature. The relevance and efficacy of parent education and life skills development for the parents/ primary caregivers living in Welbedacht East was confirmed. Thereafter, in keeping with the Phase 2: Step 2, information was gathered from seven natural examples of parenting programmes servicing local South African communities, mostly parents living in LSEEs. The discoveries that were made about what the functional elements of the efficacious interventions were, both evidence-based and natural examples, were extracted and collated to complete Phase 2: Step 3. These were relevant functional elements were needed to commence to the third phase.

The overall objective of Phase 3 was to shape the design of the parenting support intervention. It was broken down into five steps, each of which were reported. The presentation of Phase 3: Step 1, identified that the aims and task goals for the locally specific parenting intervention programme (see Section 7.5.1.4) did not fit with existing examples of parenting support interventions identified in Phase 2 and a parenting/education programme would not be sufficient to strengthen the parenting practices of parents/ primary caregivers, as they were struggling to manage the effects of several socio-structural factors. The goals and objectives they had set in Phase 1 pointed to a more holistic parenting support intervention, which needed to be augmented by capacity building interventions. Capacity building interventions were needed to assist parents/ primary caregivers to survive the socio-structural realities that compromised their ability to provide for the most basic needs of their children and protect them from the risks of living in a low-income neighbourhood. Such interventions were not located in the existing sources examined. It was necessary to reflect on policy developments related to strengthening families within the South African context as suggested by Thomas and Rothman (1994:13). The White Paper on Social Welfare (1997), Integrated Service Delivery Model towards Improved Social Services (Department of Social Development 2006), the Manual of Family Preservation Services (Department of Social Development 2008) and the White Paper on Families in South Africa (2013) were consulted. This made the researcher realise that the boundaries of the intervention had to be extended beyond parent education to include interventions to promote the socioeconomic development of the Welbedacht East parents/ primary caregivers. This completed Phase 3: Step 2, defining the boundaries of the intervention. Following Thomas and Rothman's (1994:10-11) call for creativity and disciplined problem solving, additional elements for the parenting support intervention were identified. Three socioeconomic interventions consistent with a developmental approach were examined to identify salient elements that could be included in the parenting support intervention. The socioeconomic interventions were: establishing savings clubs/ *stokvels*; providing financial literacy; and facilitating income generating activities. This satisfied the tasks of Phase 3: Step 3 using disciplined problem solving and creativity to develop an appropriate intervention. Having a broad idea of the potential elements and boundaries of the parenting support intervention, community validation was needed.

As the researcher had trusted the contextual and cultural knowledge of the community champion research team right from the outset of the research process. They were invited to form the panel of experts or, as stated by Thomas and Rothman (1994:13), a panel of indigenous experts, to participate in the Delphi Process to refine or validate the intervention. The Delphi Process helped to finalise the programme elements for the parenting support intervention. The panel assessed each of the elements of the intervention for their cultural and

contextual relevance, their applicability in addressing pressing parenting issues, and their ability to advance parental capacity to better manage the socio-structural realities that negatively impacted on parents'/ primary caregivers' ability to care for their children. The Delphi Process concluded Phase 3: Step 4 of the IDD. The final step in Phase 3 was to present the elements and the outline of the parenting support intervention that integrated parent education and socioeconomic interventions typical of the social development approach. This chapter outlined the empirical process that was followed to determining the outline and elements of the parenting support intervention. The discussion concluded with an outline of the intervention as developed for and with the Welbedacht East parents/ primary caregivers.

The final chapter, Chapter Nine, reintroduces the rationale and central issues that motivated the research process. It restates the research questions developed at the outset of the study to establish whether these were attained. A broad overview of the main findings is presented as linked to the study's theoretical framework. The limitations of the study are identified and emergent recommendations for practice, policy, and further research are motivated.

CHAPTER NINE: SUMMARIES, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

9.1 INTRODUCTION

This study had two purposes. The first was to explore the Welbedacht East parents'/ primary caregivers' perceptions and practices of 'good enough' parenting. The second was to use that information to inform and develop a locally specific parenting support intervention that was applicable to the contextual and cultural needs of parents/ primary caregivers caring for children under nine years of age. The overall structure of the study took the form of nine chapters in total, that were arranged in three parts.

Part one provided the orientation to the study and consisted of three chapters. Chapter One began by explaining the importance of strengthening families and introduced the concept of 'good enough' parenting (see Section 1.2.2), the context of the study (see Section 1.1.3), the problem statement (see Section 1.3), and the rationale (see Section 1.4). The chapter also outlined research questions, goals, and objectives (see Section 1.6 to 1.8). Next, an overview of the research plan of the study that had been approved by the UNISA Social Work Department's Research and Ethics Committee and for which the researcher had been granted ethical clearance, was shared.

Chapter Two outlined the theoretical framework that had been created to strengthen the conceptual coherence of the study. It proceeded with a discussion of the bioecological theory (see Section 2.3) and then the social inclusion theory (see Section 2.4). It moved on to explain the link between the two theories and motivated their integration (see Section 2.5). Finally, the chapter ended with a discussion of the implication of the theories for understanding parenting, referring to promoting and inhibiting factors situated within each ecological system in which parenting occurs (see Section 2.6).

The third chapter offered an overview of the expected role of parents in terms of promoting the well-being of the child (see Section 3.2.2). It traced the development of scholarly works to measure the quality of parenting and recognise early signs of harmful parenting practices (see Section 3.3.3). The concept of 'good enough' parenting was introduced (see Section 3.4.1) and indicators of 'good enough' parenting integrated with the indicators of child well-being (see Section 3.4.1.4). The chapter concluded after presenting the continuum of parenting care that

reflected characteristics of 'good' parenting or 'intensive' parenting (see Section 3.4.2) and negative parenting ('risky' or 'bad' parenting), each situated on opposite poles with 'good enough' parenting situated mid-way (see Section 3.4.3).

Part two focused on the application of the Phase 1 of the selected research design (the IDD) and was arranged throughout four chapters. Chapter Four began with the applied description of the qualitative research process that was followed during Phase 1 of the IDD, offering an explanation of what methodologies and methods were used to achieve the five task objectives: gaining entry into the community (see Section 4.5.1); identifying the research participants (see Section 4.5.2); involving them in identifying their concerns (see Section 4.5.3); analysing the information they shared (see Section 4.5.4); and establishing the aims and task goals of the parenting support intervention (see Section 4.5.5). Chapter Five, Six and Seven presented the findings gathered from two purposively chosen samples, namely parents/ primary caregivers and community champions, to complete Phase 1 of the IDD. The findings in Chapter Five and Six were arranged into six parts. The biographical data of the research participants (see Section 5.1.1 and 5.1.2) and the findings of three themes, namely the parents'/ primary caregivers' perceptions of 'good enough' parenting (see Section 5.2); the community champions' perceptions of 'good enough' parenting (see Section 5.3); and the general quality of parenting in Welbedacht East (see Section 5.4) as presented in Chapter Five. The findings in Chapter Six related to the factors that challenged parenting practices in Welbedacht East (see Section 6.2) followed by the protective factors of 'good enough' parenting (see Section 6.3), and culture and its influence on parenting (see Section 6.4). Chapter Seven addressed the findings about the resources and parenting topics that parents/ primary caregivers needed to improve parenting practices in Welbedacht East (see Section 7.2 and 7.3). It also detailed the application of the research methods that were used to develop these findings into the aims and task goals of the parenting support intervention for Welbedacht East (see Section 7.4) to satisfy the operational tasks of Step 4 and 5 of Phase 1 of the IDD, which were presented at the end of the chapter (see Section 7.5.1.4). This concluded Part two of the study.

Chapter Eight, the penultimate chapter of this thesis, finalised the research objectives for the third and final part of the study. Guided by an IDD, the findings of Phase 2 and 3 of the IDD were presented using the recommended steps that were applied to develop the design of a parenting support intervention for parents/ primary caregivers in Welbedacht East. Chapter Eight was arranged into two parts. The first offered details about the tasks and findings of Phase 2 of the IDD. It explained how information was gathered from existing literature sources (see Section 8.2.1), natural examples of parenting programmes (see Section 8.2.2), and extracted evidence-based and practical insights, referred to as the functional elements from

both, for inclusion in the development of the locally specific design (see Section 8.2.3). The second part reported how the tasks for Phase 3 of the IDD were completed. It discussed the problem that had been detected: the existing and natural examples consulted did not offer the range of interventions that parents/ primary caregivers wanted (see Section 8.3.1). As a result, the boundary of the parenting support intervention had to be expanded to develop a more holistic intervention (see Section 8.3.2) and described how the researcher applied problem solving and creativity to develop the design (see Section 8.3.3). The inclusion of the indigenous panel of experts in design process was summarised (see Section 8.3.4); and the decisions they took about the intervention elements and protocols that would be used for the design of the parenting support intervention for Welbedacht East parents/ primary caregivers was presented as the final outcome of the study (see Section 8.3.5).

That which remains is the concluding chapter of this study. It draws together the entire thesis, sharing the conclusions reached; insights relevant to the limitations of the study; recommendations for social work practice for strengthening parenting practices, programmes and policy; guidelines for social work education and training; and an agenda for further research. The chapter will be concluded by a summary that concisely brings Chapter Nine to a close.

Each chapter presented in the thesis will be reviewed, summarising the content that was covered in each and the conclusions that were reached. They will follow the order as outlined in the figure below.

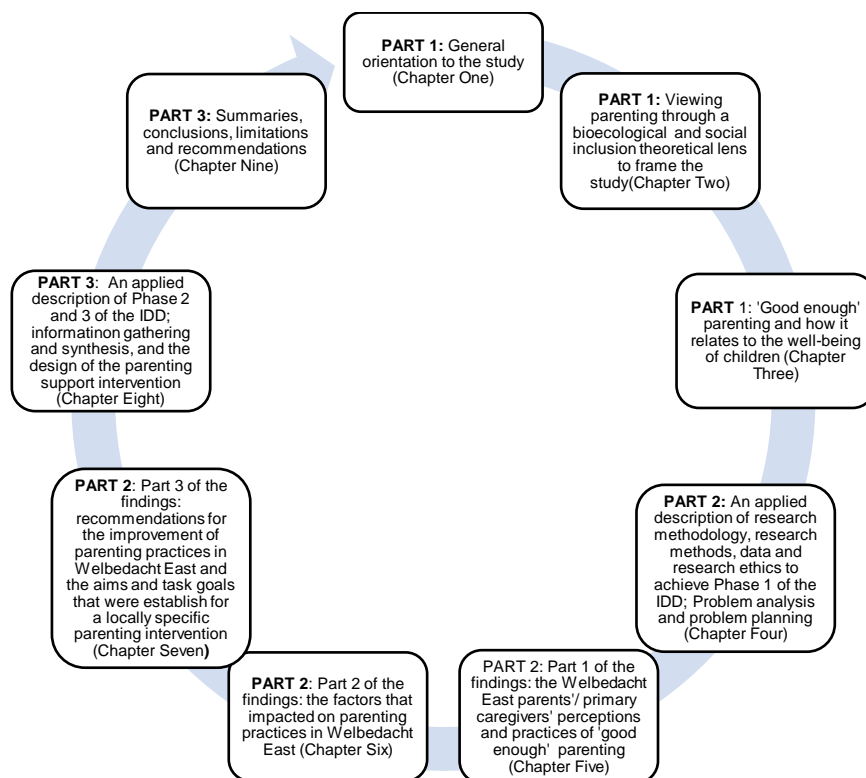


Figure 9.1: An outline of the different parts of the research process based on the phases of the IDD and the contents of the chapters

9.2 SUMMARY AND CONCLUSIONS BASED ON THE GENERAL INTRODUCTION AND ORIENTATION TO THE STUDY (CHAPTER ONE)

The evidence presented in this section confirmed the value of strengthening families for the well-being of children (Miller 2010:6; Richter & Naidu 2013:9; Sanders et al 2003:10). The positive effects parents have on the physical, psychological, social and economic welfare of children were stated (De Graaf et al 2008:553; Kanesathasan et al 2011:218-; Turner & Sanders 2006:177). Policy developments to bring broad-based services to families were mentioned as occurring on both the international (Daly 2011:8; Daly et al 2015:5) and national front, as can be seen in the Children's Amendment Act 41 of 2007 (South Africa 2008), National Plan of Action for Children in South Africa 2012-2017 (South Africa 2012), the White Paper on Families in South Africa (2013), the South African Integrated Program of Action Against Violence Against Women and Children (South Africa 2014b); and the National Integrated Early Childhood Development Policy (South Africa 2015b:25). The delivery of parenting programmes was seen to be escalating, mainly programmes transported from high-income European countries and the USA, without empirical evidence of their transferability to culturally diverse, low- or middle-income families (Begle et al 2012:56; Forehand & Kotchick

1996:190; Holloway & Pimlott-Wilson 2014:96; Mejia et al 2012:70; Richter & Naicker 2013:viii). The question was raised whether culturally-diverse families suffering socio-structural challenges would benefit from parenting information and skills (Daly et al 2015:19), or whether they needed more holistic parenting support (Strydom 2012:440-442).

Considering the complexities of parenting under challenging circumstances that affect many families such as those reported by the White Paper on Families in South Africa (2013:22), namely poverty, inequality, poor housing, domestic violence, substance abuse, crime, teenage and unwanted pregnancies, absent fathers, and moral degeneration, it was questioned whether parenting programmes would be enough to strengthen such families. A further conundrum was raised, namely what constitutes 'good enough' parenting. The origins of the concept 'good enough' parenting as introduced by Winnicott was discussed (Choate & Engstrom 2014:369; Ramaekers & Suissa 2012:83), before discussing early published efforts which identified the basic indicators of 'good enough' parenting (Hoghughi & Speight 1998:294; Kellett & Apps 2009). The idea that most parents are capable of being 'good enough' as inferred by Winnicott (1960:592) and the Child Protection Resource (2014) resonated positively with the researcher, but led to her to question whether parenting programmes were culturally and contextually relevant for the parents living in the low-cost housing area of Welbedacht East who had indicated the need to strengthen parenting practices in their community.

Committed to the Global Agenda for Social Work and Social Development (IASSW, ICSW & IFSW 2014), the researcher expressed her intention to include the community as equals in the development of the intervention; developing their skills in relating, communicating and collaborating to build a better-resourced community where they could access more opportunities to promote the well-being of the children; and creating an opportunity for them to voice what was needed to improve parenting practices. Poor evidence was found of parenting programmes or support interventions that had adopted a developmentally, culturally, and contextually sensitive approach in their designs. The context of Welbedacht East was described to inform readers about the background of the parents/ primary caregivers living in Welbedacht East who were caring for children between birth and nine years of age at the time of the study.

The combined issues influenced the formulation of the problem statement and rationale of the study. The problem statement reflected the need to explore the perceptions and practices of Welbedacht East parents/ primary caregivers in respect of 'good enough' parenting and utilise those insights to inform and develop a locally specific parenting support intervention based

on, amongst other indicators, the expressed needs and customs of the said community (see Section 1.3). The rationale shared was that presenting existing models of parenting interventions in Welbedacht East, a culturally diverse community with its own contextual issues, needed to be carefully considered in terms of whether these models were applicable to the parents'/ primary caregivers' needs and cultural values. A more culturally sensitive approach to developing a parenting support intervention was needed; one that would include the parents/ primary caregivers in its design. A participatory process that integrated local knowledge, resources, and practice methods would promote a more contextually and culturally relevant outcome (D'Cruz & Jones 2014:13-14; Gray & Coates 2008:16). It was anticipated that the research process adopted, and the lessons learned during the development of the locally specific intervention would contribute to the knowledge base in the field of family preservation, whilst simultaneously promoting the social inclusion of parents/ primary caregivers and empowering them. At the end of the research process, a culturally and contextually relevant parenting support intervention would be a tangible outcome that the community would own to enhance the quality of parenting in Welbedacht East (see Section 1.4).

Two overarching research questions were developed at the outset to enable the researcher to navigate the enquiry (see Section 1.6). Each had four related sub-questions. The sub-questions and brief answers to each, based on the outcomes of the study, are presented. More comprehensive summaries and conclusions of the research outcomes related to these sub-findings are presented later in this chapter (see Sections 9.6 to 9.18). The outcome related to the first overarching question is presented first.

9.2.1 Outcomes Related to the First Overarching Research Question

The first overarching research question, as presented in Section 1.6.1 was:

- **What are the Welbedacht East parents'/ primary caregivers' perceptions and practices of 'good enough' parenting?**

The parents'/ primary caregivers' perceptions were that 'good enough' parenting practices should include parenting practices related to four domains of parenting: caring for the child's physical health, development and safety; emotional and psychological development; cognitive development and education; and social development and behaviour. In addition, a fifth domain was mentioned: the foundational competence of parents. Their perspectives were commensurate with the domains of 'good enough' parenting presented in Section 3.4.1.4.

The community champions' perspectives of 'good enough' parenting were similar. They, however, only presented behavioural indicators of 'good enough' parenting which were grouped into four domains: the physical health, development and safety of the child; the psychological and emotional development of the child; the social development and behaviour of the child; and cognitive development and education of the child. The behavioural indicators that represented the foundational competence of parents were excluded. They also included fewer behavioural descriptors than the parents/ primary caregivers had, which suggested that their expectations of what was needed to be 'good enough' parents were not as high as the expectations of the parents/ primary caregivers themselves.

The findings about whether 'good enough' parenting practices were evident in Welbedacht East were mixed. There were very few 'good' parents, more 'good enough' parents, and many more parents who were midway between 'bad' and 'good enough' parents based on the perceptions of the participants. Participants acknowledged that when parenting was 'bad', it was 'very bad', as evident by the high number of children suffering from child neglect in the community.

The outcomes to the first set of sub-questions related to the first overarching research question will now be discussed.

- ***Sub-question 1.1: What factors impacted positively and/or negatively upon the parents'/ primary caregivers' parenting practices?***

Participants shared that poor community infrastructure, the high rate of social problems, fragmented family structures, and the unresolved personal issues that parents/ primary caregivers suffered undermined the ability of parents/ primary caregivers to satisfy many behavioural indicators of 'good enough' parenting. They further identified relatively few enabling factors that supported parents/ primary caregivers in their parenting roles. The enablers they identified were support from family members and informal community-based leaders, religion, and the few formal and informal resources which not all participants were aware of or made use of.

- ***Sub-question 1.2: What negative parenting practices needed to be addressed in the community?***

The negative parenting practices in the community that needed to be addressed were linked to several areas of parenting, the first being the parents'/ primary caregivers' lack of parental responsibility for the physical health, development and safety of children. This included poor parental response in several areas, such as failing to provide

adequate nutrition, secure healthcare, provide supervision and protection, oversee hygiene, and create structure and routine for their children were mentioned. In addition, many parents/ primary caregivers did not advance the psychological and emotional development of their children. Parent-child relationships were characterised by emotional distance, partly attributed to the African cultural practices related to the hierarchical relationship between parents and children and partly to parental stress. The participants' concerns related to parents'/ primary caregivers' responsibility for shaping the social development and behaviour of children were that they failed to demonstrate respect towards their children and were poor role models for them. Concerns related to parental responsibility for the cognitive development and education of children were that children were not guided by their parents/ primary caregivers to attend school regularly, and parents/ primary caregivers did not monitor their children's schoolwork. Issues of concern related to the foundational parenting competence of parents/ primary caregivers were that because of many not having experienced positive parenting themselves when they were growing up, intergenerational patterns of poor parenting were repeated. Parental apathy and laziness were reported to threaten the quality of care children received. Finally, the low level of education that most parents/ primary caregivers had attained impacted on their ability to encourage their children's scholastic achievement. Social-structural issues generated stress for parents/ primary caregivers.

- ***Sub-question 1.3: What positive parenting practices do parents/ primary caregivers wish to see developed amongst parents/ primary caregivers in the community?***

The parents/ primary caregivers had a good conceptualisation of parenting practices they considered relevant for promoting the well-being of children in their community. The 'good enough' parenting practices they wished to see developed were grouped according to the five domains of parenting: the child's physical health, development and safety; the child's emotional and psychological development; the child's social development and behaviour; the child's cognitive development and education; and the foundational parental competence of parents/ primary caregivers. Participants recommended that parental practices to improve the physical health, development and safety of the children in Welbedacht East should focus on several behavioural indicators, such as providing children with adequate nutrition, raising the standards of hygiene, protection, boundaries and limits, and developing a local culture within the community where community members would jointly be responsible for the protection of children. Parental practices recommended to the psychological and emotional development of children included behavioural indicators such as: showing more love and affection;

increasing understanding of children; creating more stability and routine in children's lives; developing more appreciation of each child's uniqueness; promoting faith and hopefulness amongst children; building their self-confidence; demonstrating maturity by placing the children's needs before their own; and increasing their knowledge of children's rights and responsibilities. Their recommendations for the improvement of local parenting practices for the social development and behaviour of children included helping parents/ primary caregivers to become better role models for their children; teaching them how to demonstrate more respect towards their children and how to treat them more positively; advising them on how to teach their children manners and demonstrate respect towards others; offering guidance on what age-appropriate chores for children are; motivating them to develop the children's religious and/or cultural identities; educating them about the value of positive discipline rather than harsh punitive methods; and informing them about how to engage in meaningful discussions with children about substance abuse and reproductive health issues. The identified parental practices that would promote the cognitive development and education of their children included assisting parents/ primary caregivers to acquire knowledge and understanding of child development; practical ways to promote school attendance; methods to teach basic literacy in the home; and their responsibility for monitoring homework. Participants acknowledged that parents/ primary caregivers needed to have certain foundational competencies to parent adequately and recommended that areas that needed to be addressed in this regard should include: self-care and self-management of the parent's/ primary caregiver's physical, emotional, mental and spiritual health; developing emotional self-regulation, stress management and coping strategies; advancing their financial autonomy; promoting their help-seeking behaviours; and assisting them to address their past hurts.

- ***Sub-question 1.4: How does culture influence parenting practices in the community?***

There were mixed responses to how culture influenced parenting practices in Welbedacht East. Those who indicated that culture did not affect parenting practices believed that Westernisation and the media had reduced indigenous cultural influences and that religion played a larger role in influencing parenting than culture. Others stated that there were parenting practices and principles/values that were common in various cultures in the community, which suggested that there were more culturally similar parenting practices than differences. The second category of responses identified several differences in the community between African parenting practices and those of the other cultural groups (Indian and Coloured). African parents were presented as

offering lower levels of parental supervision, routine, and structure. Parent-child relationships were characteristically more emotionally distant, parents/ primary caregivers demanded higher levels of respect from their children, and harsher disciplinary practices were used. African values about extended families, traditional medicines, *lobola*, and education were acknowledged to affect parenting practices.

9.2.2 Outcomes Related to the Second Overarching Research Question

The second overarching research question, as presented in Section 1.6.1, was:

- **What should a locally specific parenting support intervention entail?**

The socio-structural factors that challenged Welbedacht East parents/ primary caregivers daily indicated that parenting programmes alone would not alter the trajectory of the quality of parenting in the community. The poor socioeconomic circumstances of parents/ primary caregivers threatened their ability to fulfil their parenting obligations in some respects. They were unable to access markets, employment, and resources, and the social order within their community was disintegrating. Participants therefore opted for a parenting support intervention that would increase their capacity to meet the basic survival needs of their children and reduce parental stress. A holistic social development approach was desired to increase the capacity of parents/ primary caregivers to manage their socioeconomic stressors, advance their life skills, and improve their financial and income generating skills, whilst simultaneously addressing the pressing 'good enough' parenting indicators they had identified. This was a problem because these issues were not typically addressed in parenting programmes (see Section 8.3.1.).

This overarching question consisted of several sub-questions and the summarised outcomes of each sub-question are mentioned next.

- ***Sub-question 2.1: How can the parents'/ primary caregivers' understanding of 'good enough' parenting be used to develop a locally specific parenting support intervention for Welbedacht East?***

The exploratory, descriptive, and contextual understanding of the parents'/ primary caregivers' perceptions and practices of 'good enough' parenting raised awareness of factors that undermined the ability of parents/ primary caregivers to parent effectively. The findings determined the boundaries of the parenting support intervention. Many of the challenges that weakened parenting practices were socio-structural, but there were several areas where the capacity of parents could be increased so that they could

reduce the effects of the poverty, unemployment, family disintegration, and social problems they were experiencing. These included: parenting education, advancing parents'/ primary caregivers' self-care; developing financial measures to enable them to manage their money better and increase their income to augment the CSG; and increasing their social support and inclusion (see Section 8.3.3)

- ***Sub-question 2.2: What issues do the parents/ primary caregivers consider to be relevant for enhancing parenting practices within their community?***

Contextually and culturally relevant indicators of 'good enough' parenting were identified by participants. These were translated into specific parenting topics for inclusion in the parenting support intervention. Capacity-building areas that were recognised as relevant for parents/ primary caregivers were linked to enabling them to better manage their contextual realities, namely life skills development, financial management, social support and inclusion, microfinance, and income generation.

- ***Sub-question 2.3: What interventions do parents/ primary caregivers consider to be relevant for enhancing parenting practices within their community?***

The answer to this question was gathered from the interviews and consultation workshop to arrive at the aims and task goal of the intervention (see Section 7.5.1.4) and endorsed in later phases of the IDD. It was clear that parents/ primary caregivers wanted:

- life skills counselling to improve the psychological well-being of parents/ primary caregivers;
- parental education and guidance on how to improve child well-being;
- financial literacy and home budgeting skills to enhance financial acumen;
- a *stokvel* to enable parents/ primary caregivers to access microfinance and save for their children's immediate and future needs; and
- small income generating projects with business skills training to augment the income they received from the CSG.

- ***Sub-question 2.4: Is it possible to achieve the design of a culturally and contextually relevant parenting support intervention for Welbedacht East by using a collaborative research process?***

The participants were engaged in the development of the parenting support intervention and included in each of the stages of the IDD research process with positive results. Their contribution at first was to highlight distinct cultural and contextual factors relevant

to the development and design of the local parenting support intervention as collected from the interviews conducted. Next, they verified the findings during a consultation workshop where they collectively established the aim and task goals of the Welbedacht East parenting support intervention. Evidence-based and natural examples of parenting support interventions were consulted to see if they offered any ideas or best practices relevant to the aims and task goals identified by the research participants of the locally specific parenting intervention. Once functional elements were identified and more research into social developmental methods had been conducted, the community champions (the indigenous panel of experts) were consulted. Using the Delphi Process, the community champions extrapolated the elements they considered relevant for the Welbedacht East parents/ primary caregivers. This resulted in the finalisation of the intervention design, considered to be both contextually and culturally relevant for Welbedacht East parents/ primary caregivers. The intervention integrated the parents'/ primary caregivers' knowledge and values (Royse 2011:261), respected and acknowledged their diversity, and followed an inclusionary process, engaging parents/ primary caregivers throughout its development, in each of the stages of the research process (D'Cruz & Jones 2014:51). It was concluded that the research process followed allowed parents/ primary caregivers to be involved in the development of the parenting support intervention, which helped to improve the intervention's contextual and cultural relevance for that community.

In conclusion: The summary of answers that obtained through direct engagement with Welbedacht East parents/ primary caregivers, community champions and, to a lesser extent, other stakeholders associated with the community confirms that all the research questions were answered.

The detailed findings presented in Chapter Eight and summarised in Section 9.18.4 confirmed that the goal expressed at the outset of the study, namely to develop a contextually and culturally relevant parenting support intervention to strengthen parenting practices in Welbedacht East, was achieved. Chapter Four, Seven and Eight outlined the research methods and methodologies followed to make the process a collaborative one. The intervention developed was based on an in-depth understanding of the subjective experiences of parents/ primary caregivers attending to their daily routines of caring for their children. The meanings they attached to their experiences of parenting and the socio-political realities that affected their lives were made explicit in accordance with the research goal (Monette et al 2011:262) (see Section 1.7). Evidence related to the development of contextually and culturally relevant parenting interventions for South African parents of diverse cultures living

in LSEEs was found to be scarce, which strengthened the motivation and relevance for conducting this study.

9.2.3 Summary and Conclusions About the Research Objectives

The researcher chose to apply a qualitative approach during the study and included purposively selected participants who would be interviewed and participate in the development and design of the intervention, using the IDD Model to structure the research process. The research objectives for the study were presented in Section 1.8. They are reviewed next to demonstrate that the research objectives were attained. Some of the objectives for the parents/ primary caregivers and the community champions are presented together in the bullets that follow, instead of discussing them separately as reflected in Table 1.2.

- a) To obtain two samples: community champions (community leaders, gatekeepers, and service providers) involved with parents/ primary caregivers in Welbedacht East; and Welbedacht East parents/ primary caregivers who were caring for children younger than nine years of age at the time of the study, living in the same household.**

As mentioned in Chapter Four (see Section 4.5.2), the first sample, community champions, was chosen using a purposive sampling strategy, augmented by snowball sampling, and this resulted in rich, data saturated information about parenting practices in Welbedacht East. Data saturation was confirmed by the supervisor and an independent coder.

The second sample, parents/ primary caregivers, was selected according to plan using the referrals from the four community champions who constituted the research action group. However, when verifying the transcriptions and translations, some anomalies were detected in a set of the transcriptions and these were excluded, and purposive sampling was used again to identify more participants to replace those who had been excluded. Whilst the sample ended up being slightly smaller than planned, the interviews used for analysis did not digress from the objective which was to reflect a range of reliable and detailed sample elements in the form of information about parenting practices within the community. The supervisor and independent coder confirmed that the point of data saturation had been reached in this second sample.

In conclusion: The populations, samples, and sampling procedures used enabled the researcher to locate valuable sources of information to achieve an exploratory, descriptive and contextual account of parenting practices in Welbedacht East, which reflected the meanings

the parents/ primary caregivers ascribed to their experiences of parenting. This objective was therefore achieved

b) To conduct individual semi-structured interviews, aided by open-ended questions contained in an interview guide, to explore, describe and contextualise the two sample groups' perceptions and practices of 'good enough' parenting and the support interventions they required

Two different interview guides were developed; one for each sample set. The practical amendments made to both interview guides were discussed in Section 4.5.3.1 and 4.5.3.6. The main diversion from the original research plan, as outlined in Table 1.3, Step 3, was that a set of key cards was created at the recommendation of the pilot community champion interview participants to assist interviewees to conceptualise the scope of parenting practices when asked to share their personal understanding of 'good enough' parenting. The key cards were developed into pictorial cards with the assistance of a graphic designer under the guidance of the researcher and community champion research action group, for use in the parent/ primary caregiver interviews.

The questions asked of both groups were developed to achieve an exploratory, descriptive, and contextualised understanding of parents'/ primary caregivers' perceptions and practices of 'good enough' parenting and identify the support interventions they required.

Section 4.5.3 and its related sub-sections detailed how this objective was realised. It outlined how the research protocols were followed and explained the inclusion of research assistants to ensure that parent/ primary caregiver participants could be interviewed in their local indigenous languages so as not to jeopardise the cultural sensitivity of the research process.

In conclusion: The 16 interviews with community champions and the 14 interviews with parents/ primary caregivers provided both the quantity and quality of information needed for the research. The data was collected in such a manner that participants realised that they were collaborators in the research process. The modifications to the data collection tools meant that more descriptive data could be collected. It was therefore concluded that this research objective was attained.

c) To recruit an action group from the community champions to form the research action group to involve them in decision making about the research process so that the research methods would remain sensitive and relevant to the Welbedacht East community

Four community champions, each identified by local community members as informal gatekeepers of the four largest geographical areas in Welbedacht East, were approached by the researcher. Their interest in the research process and willingness to participate voluntarily without compensation was established. They understood that their role was to represent the parents/ primary caregivers throughout the research process and keep the channels of communication between researcher and the parents/ primary caregivers open. They helped to set up the interviews with parents/ primary caregivers, made suggestions about research tools and methods, liaised with parents/ primary caregivers in their neighbourhoods, planned the consultation workshop, became the panel for the Delphi Process and met with the researcher throughout the duration of the field work.

In conclusion: The action group proved to be effective. They ensured that the research methods adopted throughout the study remained sensitive and relevant to the parents/ primary caregivers, and local knowledge and values were constantly represented and integrated during the research process and in the intervention design. They contributed to the operationalisation of the research processes, which ensured that the research objectives were achieved. It was concluded that the action group chosen were the right people for the job.

d) To conduct a consultation workshop with a group of parents/ primary caregivers aided by open-ended questions

The purposes of the consultation workshop established at the outset of the research process were: to enhance the linkages and shared experiences of the participants; create an opportunity for research participants to verify the findings of the interviews; prioritise the themes relevant to the needs of the local parents/ primary caregivers for the locally specific parenting support intervention; identify existing information and resources about positive parenting practices amongst the community members, and reach consensus about the goal and task objectives of the parenting support intervention (see Table 1.2). There were some deviations from the original plan, however but they did not compromise the research process. Firstly, participants motivated for the inclusion of service providers and local government officials who rendered services to Welbedacht East, so that they would be educated first-hand about the challenges that parents/ primary caregivers experienced trying to raise children in an under-resourced community. Their suggestion was acknowledged to be one of the ways of addressing social justice during research process (D'Cruz & Jones 2014:101; Liamputtong &

Ezzy 2005:143). Secondly, the time allocated for setting the aim and task goals of the locally specific parenting support intervention was shortened as and group discussions took longer than planned. The qualitative research process required flexibility to accommodate emergent research process realities such as the examples given (Creswell 2014:186; Daymon & Holloway 2011:8). Whilst the presence of the stakeholders lengthened the discussions around finding, it provided an effective platform for participants to raise their concerns about the contextual realities that impacted on their parenting roles. The shorted time for verifying the aims and objectives was addressed by introducing the Delphi Process in one of the later phases of the research process to readdress this shortcoming. The researcher concluded that the objectives of the consultation workshop were achieved. The consultation workshop verified that the findings of the interviews had been accurately interpreted (Gidley et al 2010:134; Shortall 2004:115). It enhanced the linkages between the stakeholders and parents/ primary caregivers, achieved consensus about what parenting support intervention was needed. All participants were made to feel equal and that their personal opinions were valued.

In conclusion: The findings of the interviews were verified as a true reflection of the representations made by the participants during the consultation workshop. A public platform was created for the community, particularly parents/ primary caregivers, to come together to determine the aims and task goals of the parenting support intervention on an equal basis, in line with the community's needs and values, as consistent with social inclusion principles (Gidley et al 2010:134; Shortall 2004:115). Participants were afforded equal opportunity to voice their opinions and be heard. The engagement of several different sectors, stakeholders, parents/ primary caregivers and community champions were brought together. The workshop achieved its objectives. The consultation workshop therefore did fulfil its purpose.

e) To transcribe the data obtained from the community champions, parents/ primary caregivers, and consultation workshop to use for analysis

The data from the interviews and consultation workshop were transcribed following the protocols that were developed (see Section 4.5.3.2 and 4.5.3.3). The digital recordings and transcriptions of community champion interviews went mostly according to plan. They verbatim transcriptions provided the personal perceptions and experiences of parents/primary caregivers and community champions which contributed to the themes that were identified. One setback experienced was that a set of interviews transcribed and translated from isiZulu into English reflected incongruities, as mentioned (see Section 4.5.2.3). These interviews were then excluded, from the findings and additional interviews arranged to replace them. Enough data was captured at the consultation workshop from the flip chart notes recorded by scribes

in each discussion group and from the digital recordings of the small group presentations and audience responses (see Section 4.5.3.11).

The implemented protocols enabled inaccuracies in the transcriptions and translations to be detected before data was analysed. Cross-checks by interviewers using interview notes provided a useful check to make sure that data had not been excluded. The accuracy of the findings were verified by participants at the consultation workshop.

In conclusion: The verbatim transcriptions provided a rich source of data for analysis and the researcher integrated many extracts from the interviews to use in to illustrate the findings. It was therefore concluded that this research objective was achieved.

f) To analyse the data obtained from the community champions and parents/ primary caregivers using Thematic Analysis and Tesch's Eight Steps in the Coding Process

Thematic Analysis (Braun & Clarke 2006:87) was used because of its flexibility and generalist theoretical position and Tesch's eight steps were applied to code the data for the analysis (Creswell 2014:198). The transcriptions of each interview were scrutinised by both the researcher and an individual coder and initial codes were assigned and cross-checked with one another. The themes, sub-themes and categories as presented in the findings (see Section 4.5.4) were identified through integrating Thematic Analysis (Braun & Clarke 2006:87) and Tesch's coding process (Creswell 2014:198). Two coding consultations were held between the researcher, the independent coder, and the researcher's supervisor to review the themes located in the data, determine which were important for the study, and then name them. The coding process identified 10 themes and 49 subthemes from the parent/ primary caregiver interviews which were collapsed into fewer themes that offered answers to the research questions. Coding of the community champion interviews identified eight themes that were subdivided into 29 subthemes.

In conclusion: The themes that the independent coder and the researcher arrived at were mostly consistent and the supervisor was satisfied that this objective had been achieved. They were identified through an inductive and deductive process which confirms that the answers to the research questions were developed from the responses of the participants themselves. It was concluded that the methods of analysis and coding used were relevant to this study.

g) To describe the views of community champion and parent/ primary caregiver participants, and their engagement in the research

The aim of this study was to develop a rich description of what it was like to be a parent/ primary caregiver in Welbedacht East. To understand what parents'/ primary caregivers' perceptions and practices of 'good enough' parenting were and the extent to which they could practice 'good enough' parenting, how contextual and cultural realities impacted on their parenting, and what their recommendations were for improving parenting in the community. The research methodology for this case study as outlined in Section 1.9, namely the qualitative approach using an exploratory, descriptive contextual design, contributed to the depth and detail of the participants' perspectives. Research methods as outlined in Section 1.10 facilitated the data collection process. The extent to which the research objective to gather the participants' views to answer each of the research questions will be discussed below, referring to each of the nine parts of the findings as were described in Table 5.1.

- **Part 1.1 – The parents'/ primary caregivers' perceptions of what constituted 'good enough' parenting:**
 - The detailed description of the parents'/ primary caregivers' perceptions of the indicators of 'good enough' parenting is clear (see Section 5.2).
 - They offered descriptive indicators of what they expected of "good enough" parenting and personalised their descriptions, sharing information about what they could and could not achieve given their circumstances.
- **Part 1.2 – The community champions' perceptions of what constituted 'good enough' parenting:**
 - The community champions provided their descriptions of "good enough" parenting (see Section 5.3). Their list was not as detailed as the parents'/ primary caregivers' descriptions but offered enough to corroborate that which the parents/ primary caregivers had shared. A detailed list of parenting indicators that participants considered relevant to 'good enough' parenting was achieved.
- **Part 1.3 – The perceptions of the quality of parenting practiced by parents/ primary caregivers in Welbedacht East:**
 - The research participants' perceptions about the quality of parenting in Welbedacht East was descriptive (see Section 5.4) and organised according to the three levels of parenting care that children experience, as presented in Section 3.4: 'good' parenting, 'good enough' parenting and 'bad' parenting. Detailed explanations and examples of

the three levels of parenting were offered. The objective to describe the quality of parenting in Welbedacht East was therefore completed.

- **Part 2.1 – Factors that challenged parenting practices in Welbedacht East:**
 - Part 2.1 described the factors that affected the parenting practices of the Welbedacht East parents/ primary caregivers (see Section 6.2). Participants offered many personal examples of how community infrastructure, social problems, family structures, and personal issues impacted negatively on the quality of parenting they offered their children. Their descriptions were personal and represented other parents/ primary caregivers who surrounded them. The objective to describe the factors that impacted on the quality of parenting in Welbedacht East was therefore completed.
- **Part 2.2 – Protective factors and community resources that parents/ primary caregivers accessed:**
 - Part 2.2 offered a description of the protective factors that supported parents/ primary caregivers in their parenting roles (see Section 6.3). Participants identified that families, informal community-based leaders, religion, and the formal and informal resources that were at their disposal were the protective factors that supported them so that they were able to fulfil their parenting responsibilities. Participants' explanations of why existing resources were not fully utilised by parents/ primary caregivers highlighted structural and personal barriers that parents/ primary caregivers experienced when needing assistance. The objective to describe the protective factors that supported parents/ primary caregivers as parents was therefore completed.
- **Part 2.3 – Culture and its influence on parenting practices in Welbedacht East:**
 - Part 2.3 presented participants' descriptions about the role that culture played in determining local parenting practices (see Section 6.4). The perspectives of those who believed that culture was not an influential factor in their parenting were shared, followed by the views of those who believed it did. Finally, those who felt that culture was a positive mediating factor when parenting under difficult circumstances were presented. The descriptions presented in the three themes offered rich detail about personal, contextual, and cultural enabling factors of parenting and therefore it was concluded that this research objective was achieved.

- **Part 3.1 – Resources recommended for enhancing parenting practices in Welbedacht East:**
 - Information rich data about the resources that participants considered relevant to strengthening parenting practices in Welbedacht East were collected. These descriptions were presented in Section 7.2. The resources that parents/ primary caregivers needed were described first, sharing the participants' motivations for recommending them. They were grouped in the following categories: social work services, employment and training programmes, educational facilities for their children, recreational facilities, healthcare facilities, better quality housing and improved designs, transportation, and policing. A range of comments from different participants were provided for each recommendation. The objective to describe the resources that the parents/ primary caregivers of Welbedacht East needed to improve their parenting practices was therefore completed.
- **Part 3.2 – Topics recommended for inclusion in a contextually and culturally relevant parenting support intervention:**
 - Parenting topics that were recommended by participants for inclusion in the contextually and culturally relevant parenting intervention were presented next (see Section 7.3). The participants motivated for a range of topics that were grouped according to five domains of parenting: physical health, development and safety of children; psychological and emotional development of children; social development and behaviour, cognitive development and education; and the foundational competence of parents and linked to the behavioural indicators of "good enough" parenting. Exerpts were taken from the interviews to demonstrate the participants' motivations for their inclusion in the parenting support intervention. The objective to describe the topics that participants had recommended to improve the quality of parenting in Welbedacht East was therefore completed.
- **Part 3.3 – Recommendations for the design of the locally specific parenting support intervention:**
 - Participants' recommendations for a locally specific parenting support intervention were gathered at the consultation workshop, highlighting their perspectives of which factors of parenting needed to be prioritised. They shared their views of parenting topics and other capacity building interventions that were needed to strengthen parenting practices. Their accounts are reflected in Section 7.5.1). The aims and objectives of the locally specific parenting support intervention emanated from the

data related to the resources and topics that participants had identified and are presented at the end of that chapter. Whilst the objective was to obtain the descriptions of the kind of parenting intervention that participants considered to be contextually and culturally relevant to the parents/ primary caregivers of Welbedacht East, the researcher was concerned that time constraints had rushed the process. Accordingly, she amended the original research plan by introducing an additional research step, namely the Delphi Process (see Section 8.3.4), which later reaffirmed the elements of the parenting support intervention that had been agreed upon at the consultation workshop.

- **The engagement of the research participants in the research process**

- The applied description of the research methodology and methods of Phase 1 of the IDD provided description of how participants were identified, prepared for their involvement in the study, engaged during interviews, given an opportunity to verify the findings, invited to participate in the consultation workshop, the application of ethical considerations that motivated for participants' engagement in developing the design. These will be elaborated on in Section 9.5. Their participation of the community action group was extended to Phase 3: Step 4 and 5 of the IDD to represent the interests of parents/ primary caregivers to reach the conclusion of the elements that would be included in the locally specific parenting intervention as well as the intervention protocols as outlined in Section 8.3.4 and 8.3.5. The research believes each of the research processes that involved participants offers detail of their engagement

In conclusion: The direct quotations of research participants used to answer the research questions and the detailed reporting of their engagement in each step of the IDD allowed the researcher to conclude that the participants' descriptions in relation to each of the research questions and more specifically their involvement in every stage of the research process this research objective was realised.

h) To conduct a literature control to verify research findings

Authentic data captured from the research interviews, the consultation workshop, and the outcomes of applied research methods, such as the Delhi Process, were arranged in the different themes as presented in the review of the previous research objective. Extracts taken from the transcriptions were used to substantiate the identified themes and described how parents/ primary caregivers experienced parenting while living in Welbedacht East. Literature was sourced to compare the findings with existing source material. The scope of the topic of

parenting was broad and voluminous information was located on parenting, “good enough” parenting, parenting interventions, parenting programmes, parenting support, contextual and cultural factors that impacted on parenting, but not all the information was relevant to the local context of the study. Information that was difficult to locate were parenting support interventions that included a social developmental approach, and material about developing and/or adapting of parent programmes for the South African context.

In conclusion: The intention was to focus on literature on parenting support programmes and their effectiveness when working with diverse communities. However, after the interviews were conducted several factors were apparent. Firstly, it was realised that the literature control needed to be much wider and literature on the indicators of ‘good enough’ parenting was required. Secondly, literature on the determiners of the quality of parenting according to the bioecological framework was necessary to compliment the understanding that the parents/ primary caregivers had given of their experiences of parenting in Welbedacht East. Finally, there was little information about social developmental parenting support interventions, but the quality and quantity of literary resources found were adequate to compliment the findings and outcome of the locally specific parent support design. The researcher concluded that enough information was gathered to substantiate the findings or reflect on the differences that were observed. Given the scope that was defined for this study, the researcher was satisfied that this objective was met.

i) To draw conclusions and make recommendations for a locally specific parenting support intervention for the Welbedacht East community

Whilst the preceding discussions summarised the conclusions about the general introduction and orientation to the study, the research questions, goal and objectives. The sections that follow provide detail of the aspirations parents/ primary caregivers had for themselves and others to improve parenting practices in Welbedacht. Findings related to the bioecological system stressors that challenged their parenting practices and then their recommendations of what needed to change to improve parenting. and follow offer detailed conclusions related to the parents’/ primary caregivers’ perceptions and practices of ‘good enough’ parenting, the contextual and cultural realities that affected their parenting, and the resources and interventions they believed would make a difference to the quality of parenting in their community. These findings to be presented from Sections 9.7 to 9.12 develop the understanding of what was needed to develop a locally specific parenting intervention. The actual recommendations of what was needed for a locally specific parenting intervention starts in recommendations for locally specific parenting interventions were presented in Sections 9.14 where their recommendations for resources and parenting education are made explicit

and the sections that follow are detailed in. They follow the conclusions reached about the theoretical framework developed for the study (Chapter Two), the literature reviewed on 'good enough' parenting and how it relates to the well-being of children (Chapter Three), and the applied description of qualitative research and the IDD Model (Chapter Four). The actual to 9.18 detailing how their recommendations were converted using an empirical process to develop a locally specific parenting support intervention based on the parents'/ primary caregivers' recommendations.

In conclusion: It was concluded that clear recommendations for a locally specific parenting support intervention were obtained from parents/ primary caregivers. These were used to develop the design of the intervention. The recommendations identified specific areas that needed to be addresses The conclusions reached about the findings related to parents'/primary caregivers' perceptions of what "good enough" parenting entailed (see Section 9.7 and 9.8), what parenting practices needed to be addressed (see Section 9.9), the factors that affected their parenting practices (see Section 9.10), the protectice resources Chapter Five and Six offered evidence that this research objective was achieved.

j) To develop the findings and recommendations into a parenting support intervention for Welbedacht East

In review of the research objectives it was stated that the objective related to the development and design of the locally specific parenting support intervention was achieved. The detailed conclusions arrived at follow on from the conclusions reached about Chapter Five, Six and Seven, which contain Part 1, 2, and 3 of the findings. The finding achieved in Section 7.4.1.5 provided the aims and five task objectives for the locally specific parenting intervention. Chapter Eight produced evidence of how those task objectives were refined into the design of the locally specific parenting support intervention that was based on the needs and recommendations of parents/ primary caregivers. Fulfilling the requirements of Phases 2 meant that the researcher had to consult existing information sources (see Sectoin 8.2.1), meet with presented of natural examples of parenting interventions (see Section 8.2.2), and extract the functional elements of these two sources that would be useful to the locally specific parenting support intervention (see Section 8.2.3). Thereafter the requirements of Phase 3 were fulfilled. The researcher had to find ways to address the gaps that the existing sources and natural examples had not addressed that were important to the parents/ primary caregivers of Welbedacht East (see Section 8.3.1). The decision to extend the bounaries of the parent support intervention to included socioeconomic and social development interventions was taken (see Section 8.3.2). An investigaton of the relevance of socioeconomic and social development interventions for the South African context, and more

specifically for the parents/ primary caregivers of Welbedacht East took place (see Section 8.3.3). The indigenous panel of experts, the community champion research action group were involved to finalize the design (see Section 8.3.4). The outcome was the outline of the locally specific parenting support intervention and detail of its protocol as presented in Section 8.3.5.

In conclusion: The researcher concluded that there was enough evidence and detail of the design to conclude that this research objective had been achieved.

Conclusions about the research objectives: After revisiting the research objective set for this study, the researcher can confirm that each of the objectives were successfully executed.

9.2.4 Final Conclusions of Chapter One

Chapter One successfully orientated readers to the research study and informed them of the research problem, the problem statement, rationale for undertaking the study, research questions, research goal and objectives of the study, and the research approach, design, and ethical considerations of the study.

A more detailed description related to the conclusions reached about the findings related to Chapter Two, the theoretical framework used for the study follows.

9.3 SUMMARY AND CONCLUSIONS ON THE THEORETICAL FRAMEWORK USED FOR THE STUDY (CHAPTER TWO)

The two theories identified to guide the study were the bioecological theory and the social inclusion theory.

The bioecological theory of human development developed by Bronfenbrenner was the first of the two theories discussed. It explained the connection between the developing child and his/her environment. The concepts person, process, context, and time were clarified to explain how transactions between the child and their wider ecological settings are affected. "Process" explained how the exchanges between the child and other systems, either direct (proximal), or indirect (distal), affect his/her well-being (Krishnan 2010:5). Bronfenbrenner positioned that when a child has a positive relationship with a significant person (usually a parent/ primary caregiver) living in the same household, this proximal process offers significant potential to promote positive developmental outcomes for the child, even in the presence of disadvantage (Bronfenbrenner 1994:38; Bronfenbrenner 1999:5). This endorsed the value of strengthening parenting in Welbedacht East. The concept "person" described how a child's personal

characteristics may affect the parent-child relationship (Rosa & Tudge 2013:253). “Context” referred to the five concentric interconnected environments that the parent and child directly or indirectly interact with, beginning with the inner circle, the micro-system, then the meso-system, exo-system, macro-system, and chrono-system. Each system has the potential to exert either positive or negative influences on the child’s development (Derksen 2010:330; Rosa & Tudge 2013:246; Swick & Williams 2006:372). In the later development of the theory, Bronfenbrenner included the time element to acknowledge that time-related events have profound effects on children and parents (Hapunda et al 2017:11). The chapter offered the background to the development of the theory and the propositions and tenets on which it rests, before its relevance to this study was motivated.

Three additional ecological models were introduced to expand the reader’s understanding of the processes that affect parenting: the Ecological Developmental Model (Sung & Su 2007:1) (see Section 2.3.5.1); the Child Assessment Framework as adopted in Britain (Cleaver & Walker 2004:82; Crawford 2011:24) (see Section 2.3.5.2) and the Parent Competency Model (Johnson et al 2014:104) (see Section 2.3.5.3). These models expanded the reader’s understanding of the scope of the micro-system, and advanced the reader’s understanding of the role that parental competency plays in the parent-child relationship. The Child Assessment Framework was recognised as useful for triangulating the assessment of the child’s developmental needs, parents’ capacity, and other family and environmental factors. The Parent Competency Model developed by Johnson et al (2014) expanded the concept of parenting capacity further, identifying an extra dimension within parenting, namely the foundational competence required of parents. The Parent Competency Model was to be integrated throughout the study, because it was current and adopted the position that parenting did not have to be good, but rather adequate, and reflected the research theme. It further offered detailed behavioural anchors of adequate parenting that were later combined with the indicators of child well-being as defined by the CFCW (Lippman et al 2009) to compare and contrast the perceptions and practices of ‘good enough’ parenting of the parents/ primary caregivers living in Welbedacht East. The concepts of ‘good enough’ and ‘adequate’ parenting overlapped.

The assumption of social inclusion theory was that in order to thrive, people require full and fair access to resources, a sense of belonging, and support in different forms, to strengthen their social relationships with family, friends, and acquaintances (Cobigo et al 2012:75). This assumption was relevant to facilitating the understanding of the contextual realities of the parents/ primary caregivers in the study. It supported the notions of Bronfenbrenner (2005:3) and Winnicott (1967), who accentuated the importance of parents receiving support from

others; formal or informal sources situated at different levels of the bioecological system. Parenting issues could be targeted by developing policies at a macro-level to address socio-cultural issues affecting the lives of parents as motivated by Correa-Velez et al (2010:13). It could also be targeted at a different level because, as posited by the theory, people marginalised through culture, religion, and/or political history can be elevated by creating space for them to participate in decisions related to matters that affect their lives (Hunter 2009:54). Social inclusion was accepted to be more than increasing people's access to resources and opportunities. Their advancement and integration into relationships, organisations, sub-systems, and structures representing everyday life was acknowledged to be equally important (Walker & Wigfield 2004:12). It was therefore concluded that social inclusion theory was relevant to this study, because the parents/ primary caregivers of Welbedacht East did not just want supportive resources and services to strengthen their parenting; they wanted to participate in the decisions that were made about how their parenting could be improved. Social inclusion would advance social cohesion, which was lacking in Welbedacht East. Participatory community development initiatives were needed to achieve this (Roy et al 2002:124). The principles of social inclusion were recognised to be the foundation of participatory community development initiatives and used as a benchmark to gauge the researcher's approach to the parents/ primary caregivers of Welbedacht East. As social inclusion was about social justice, respecting human dignity, and promoting human well-being (Gidley et al 2010:134), values deeply entrenched in the profession of social work, the social inclusion of parents/ primary caregivers was motivated. It would reduce their experiences of being discriminated against that were caused by the institutional and structural inequalities they suffered. The researcher could increase the social inclusion of parents/ primary caregivers by adopting a participatory community approach in the study.

Social inclusion theory offered a clear indication of the areas relevant for promoting the well-being and inclusion of people. The combined perspectives presented by the World Bank (2013:6) and the Australian policy on social inclusion (McDonald 2011) were presented, which identified four broad areas: markets, services, crisis services, and spaces (see Section 2.4.1). It was explained that each of these areas were meant to create opportunities for people to ensure that they could have a healthy existence and were recognised as relevant to the study for appraising the resources and opportunities available to parents/ primary caregivers of Welbedacht East to support them in promoting the well-being of their children. This was confirmed in Chapter Seven when the goal and task objectives of the parenting support intervention were formulated (see Section 7.5.4.1).

The principles of social inclusion (see Section 2.4.2), namely to reduce social disadvantage; increase people's participation in social, civic, and economic activities; enhance human capacity; formulate collaborative multi-sectorial partnerships to advance tailored services for communities; and integrate locally specific approaches, were evident in the outcome of the parenting support intervention that emerged as presented in Chapter Eight.

Literature related to the factors affecting parenting practices in micro-, meso-, exo-, macro-, and chrono-systems drew focus to the protective and prohibiting factors affecting parenting practices and the relevance of markets, services, crisis services, and spaces for addressing the disabling factors (see Section 2.6 and 2.4.1) This knowledge advanced the reader's understanding of the findings presented in Chapter Five, Six, and Seven; the Welbedacht East parents'/ primary caregivers' perceptions of 'good enough' parenting; the factors identified that impacted on their parenting practices; and their recommendations for improving parenting in Welbedacht East.

It was therefore concluded that the combined theories provided a strong theoretical framework for the study. Bioecological theory advanced the contextual understanding of parenting, acknowledging that circumstantial factors, such as socioeconomic status, class, and historical and political factors, come together and either confer privilege or generate stress for parents/ primary caregivers, which determined the quality of parenting they were capable of. The theoretical framework confirmed that parents/ primary caregivers who lack power and privilege, and have poor access to resources, parent under enormous difficulty (Richter & Naicker 2013:vii). As a result, they are likely to be unreasonably judged as 'poor parents' (Azar & Cote 2002:193; Brendtro 2006:165). The institutional and structural inequalities that contributed to poor parenting practices, as presented by Rodriguez-JenKins (2014:320), were detected in the findings in Chapter Six. The theoretical framework presented that parenting had become a political issue, as posed by Gillies (2005b:842), and that disadvantaged parents/ primary caregivers were discriminated against, because the universal parenting programmes they were subjected to had been developed for high-income countries and were less relevant to their parenting issues (Budd & Holdsworth 1996:3; Widding 2015:46). These insights were relevant and helped to regulate the research actions and decisions that were taken throughout the study. The researcher was sensitised to the importance of situational and cultural ethics, as well as relational ethics, as presented in the research plan (see Section 1.12.6, 1.12.7 and 1.12.8). The application of the principles of social inclusion as applied in the study are evident in the chapters that related how research methodology and methods were applied (see Chapter Four and Eight). The outcome, namely the design of the locally

specific parenting support intervention, as presented in Chapter Eight (see Section 8.3.5: Step 5 of Phase 3) further confirmed that social inclusion principles had been upheld.

9.3.1 Final Conclusions of Chapter Two

The theories that were selected to frame this study were relevant, as their assumptions and principles/propositions were integrated throughout the thesis. They determined how the researcher interpreted the research topic and influenced the research methods and methodologies that were selected for the study. They broadened the researcher's understanding of what contributes to 'good enough' parenting and the repercussions of parents not receiving the support they need to fulfil their parenting role. They informed the researcher about structural power relations, living conditions, and cultural norms responsible for the quality of care that children receive. It was therefore concluded that the theoretical framework selected contributed to the value of the study.

9.4 SUMMARY AND CONCLUSIONS ON THE LITERATURE REVIEWED ABOUT 'GOOD ENOUGH' PARENTING AND HOW IT RELATES TO THE WELL-BEING OF CHILDREN (CHAPTER THREE)

The intrinsic value of childhood and the importance of promoting the well-being of the child pronounced in the works of Ben-Arieh (2007:1) and Gheaus (2015:35-37) were used to set the scene about why children were important and to explain the global commitment to improving the quality of life of children. The development of the CFCW as coordinated by UNICEF (Lippman et al 2009) was mentioned, because this framework determined universal domains of child well-being and specific indicators of well-being that are used to monitor child well-being globally. Compelling scholarly evidence presented positive parenting as one of the most salient protective factors for the physical, psychological (including cognitive), behavioural, socio-emotional, and economic well-being of young children (De Graaf et al 2008:553; Eve et al 2014:114; Johnson et al 2014:92; Moran & Weinstock 2011:167; Sanders et al 2003:1). The child's successful adaptation to hardship (Schofield et al 2014:977) and resilience to negotiate contextual hardship (Hoffman 2010:385-387) were linked to this proximal process.

The literature confirmed the complexity of defining parenting (Dermott & Pomati 2016:129), because as raised by Hoghughi and Speight (1998:294), parenting could be defined as a relationship, a process, and a range of parenting practices. A range of definitions of parenting were consolidated and arranged according to these three categories. The focus of the study motivated the researcher to concentrate on the category of parenting practices, because

parenting behavioural indicators could be more easily identified and described for the purpose of her study. Next, she focussed on assessing parenting and found that establishing objective standards to measure the quality of care children received were motivated in the literature (see Section 3.3). As mentioned in the literature review, practitioners needed to differentiate between children who were actually at risk and children who were potentially at risk (Budd & Holdsworth 1996:2; Choate & Engstrom 2014:368; Crawford 2011:18). Furthermore, the early detection of parenting problems was associated with early support and practical assistance which prevented those who are at risk from entering the statutory system (Tregeagle & Voigt 2013:31). Assessments of parenting were, however, noted to be challenging and risky (Budd 2005:429). The concept of the continuum of parenting care was introduced (Moran & Weinstock 2011:180) to explain the three different calibrations on a continuum that is used to gauge the levels of parenting care that children are exposed to: 'bad' or 'risky' parenting, 'good enough' parenting, and 'good' or 'intensive' parenting (see Section 3.3.3).

The notion of 'good enough' parenting was traced from its inception in Winnicott's (1953:68-74; 1960:585-595) writings, and its evidence in Bettelheim's work (1987), and finally, its metamorphous into a basic conceptual framework for assessing the minimal level of parenting required to support a child's well-being. The pioneering efforts of scholars to develop assessment indicators of 'good enough' parenting were presented (Hoghughli & Speight 1998; Kellett & Apps 2009; Woodcock 2003). These were complemented by more recent works using different terms that were tantamount to 'good enough' parenting after examining their constructs. The modern frameworks that the researcher included were Seay et al's (2014) notion of 'positive parenting', Johnson et al's (2014) Parent Competency Model, and Bywater and O'Loughlin's (2016) work on 'parenting capacity' (see Section 3.4.1.).

Scholarly constructs of the behavioural indicators of 'good enough' parenting were compared with the domains and indicators of child well-being provided by the CFCW (Lippman et al 2009). The motivation for doing this was to gauge the nature and extent of the responsibility that parents were expected to fulfil for their child's well-being. It was concluded that the broader categories of 'good enough' parenting as advanced by scholarly efforts over the last decade were largely aligned to the domains of child well-being as presented by CFCW. This confirmed that 'good enough' parenting was undoubtedly a positive means of uplifting the well-being of children. However, the second conclusion when examining the behavioural indicators of 'good enough' parenting was that inordinate expectations were made of parents, and parents living in disadvantaged circumstances with limited access to support from ecological systems would struggle to attain the defined level of 'good enough' parenting. It was concluded that an imbalance existed that placed all the responsibility for the promotion of the well-being

of the child on the parents, and the promotion of parenting programmes to target disadvantaged parents acted as a smokescreen to avert attention from governmental responsibility for the problem (Geinger et al 2014:489; Hölscher et al 2009:22).

It was concluded that labelling any parent as 'good' or 'bad' was dangerous, because parents could never be uniformly good or bad. They would be good at some aspects and underperform in others (Smith 2010:689). Assessments of parenting were found to be infused with values, those of parents and the wider social context (Ramaekers & Suissa 2012:73), with Western, middle-class values being deeply embedded in the assessment frameworks and not aligned to contextual and cultural realities of parents raising children while having to face the socioeconomic realities that the Welbedacht East parents/ primary caregivers had to deal with. The assessments were not even applicable to culturally diverse communities and the researcher acknowledged the conclusion that Gillies (2005a:70-71) had reached, namely that the assessments discriminated against culturally diverse parents living in LSEEs. Parents in that category would underperform in their parenting roles mostly because of the lack of access they had to resources needed for raising healthy children. It was concluded that parenting performance would largely be commensurate with the circumstances the parents find themselves in (Cauce 2008:227). The CFCW acknowledged that contextual support was required and the modern works such as the Parent Competency Model (Johnson et al 2014) concurred, but it remained evident that support for parents living in disadvantaged circumstances was severely lacking. This was confirmed in Chapter Six (see Section 6.2) where the factors that challenged parenting practices in Welbedacht East were made explicit. If the well-being of children was really to be taken seriously, issues such as poverty, gender, inequality, unemployment, oppression, and lack of social justice had to be taken more seriously by governments (Hölscher et al 2009:22; Strydom et al 2017:158). It appeared that policy initiatives were shifting the responsibility for children's well-being onto parents, thereby diverting attention from the structural factors that compromised their lives (Geinger et al 2014:489).

The literature reviewed not only helped the researcher develop an in-depth understanding of what was expected of parents to ensure the well-being of their children, but also alerted her to gaps in the literature that could only be filled by a study such as the one she had chosen to conduct:

- What key constructs of 'good enough' parenting would parents living in a LSEE such as Welbedacht East relate to? Were there other key constructs they considered relevant to 'good enough' parenting in their circumstances?

- Did the parents living in LSEEs perceive the problems related to poor parenting to be a result of parental deficiencies, or related to their broader socioeconomic and political factors?
- Would the advancement of educational parenting programmes be enough to raise the quality of care that children in a disadvantaged community such as Welbedacht East received, or would other forms of parenting support interventions be more effective for addressing their parenting needs?

9.4.1 Conclusions of Chapter Three

The purpose of exploring 'good enough' parenting and how it related to the well-being of children was achieved. Copious information was discovered about the key role that parents are expected to play in promoting the well-being of their children. The behavioural indicators of 'good enough' parenting and the academic approximations of the quality of care children are subjected to were used to frame the quality of care that parents/ primary caregivers offered their children. Unfortunately, many of the descriptors of 'good enough' parenting were too difficult for parents/ primary caregivers living in Welbedacht East to achieve, because of the socio-structural issues that affected their lives. The South African Government's initiatives to raise the quality of parenting through the delivery of parenting programmes to target vulnerable families led the researcher to the conclusion that parenting is a political issue and the promotion of parenting programmes a way of avoiding governmental responsibility for introducing the social reform needed to provide parents with support. The chapter was relevant to the study, because when used to compare the findings of the research it was evident that too much is expected of parents and in the absence of adequate support, 'good enough' parenting was nearly impossible to achieve.

9.5 SUMMARY AND CONCLUSION ON AN APPLIED DESCRIPTION OF THE RESEARCH METHODOLOGY AND METHODS OF PHASE 1 OF THE IDD (CHAPTER FOUR)

The fourth chapter provided a more complete description of the selected methodology and how it was applied in the study to achieve the study's aim and objectives and uncover the answers to the research questions.

The qualitative research approach was selected for its ability to provide explanatory, descriptive, and personal and contextual interpretations of the parents'/ primary caregivers' experiences of parenting to the case-study of Welbedacht East (Ponterotto 2005:128) (see

Section 4.3). The qualitative research approach with its concomitant research design kept the researcher focussed on the subjective experiences of the parents/ primary caregivers (D'Cruz & Jones 2014:63; Monette et al 2011:49; Rubin & Babbie 2013:40). In-depth information was presented by parents/ primary caregivers themselves about their perceptions and practices of parenting and contextual detail about what it was like to try to be 'good enough' parents under their circumstances (D'Cruz & Jones 2014:63; Marshall & Rossman 2016:3; Monette et al 2011:39; Rubin & Babbie 2013:42). The information was relevant to the development of the contextually and culturally relevant parenting support intervention, which was the second main aim of the study. The researcher was personally involved in collecting data and interacted directly with parents/ primary caregivers and community champions, which allowed her to immerse herself in the research process (Creswell 2014:185; Royse 2011:261). A certain amount of flexibility was evident in the application of the research methods, with some research processes and methods having been adjusted to accommodate the pace and needs of the research participants and address unanticipated field related factors (Creswell 2014:186; Rubin & Babbie 2013:40).

The research activities took place in Welbedacht East, the natural setting of the parents/ primary caregivers, which provided the researcher with first-hand experience of what it was like for parents/ primary caregivers to address their daily parenting routines (Creswell 2014:185; Daymon & Holloway 2011:9; Rubin & Babbie 2013:42). A collaborative relationship was established between the researcher and the research participants. Participants' recommendations to adjust research methods to accommodate the needs of the local community were followed and the participants' choices of elements for the parenting support intervention influenced the design of the intervention the most. Participants were considered as equals in the research process and their local knowledge and experiences added value to the study (Daymon & Holloway 2011:7-8; Marlow 2011:141; Monette et al 2011:235). The inductive and deductive process followed during data analysis, complemented by information from additional sources such as literature and natural resources, supported the findings (Creswell 2014:186; Marshall & Rossman 2016:3).

The exploratory, descriptive and contextual research designs advanced the attainment of the aims and objectives of the research. The motivation for adopting these three designs to use in this case-study was presented in the research plan (see Section 1.9.3, 1.9.4, and 1.9.5) and the outcome of their application was evaluated (see Section 4.4). In summary, the exploratory design provided information about parenting practices in the low-income area of Welbedacht East, amongst culturally diverse parents/ primary caregivers about which little had been previously known (D'Cruz & Jones 2014:21; Royse 2011:27). The participants' interpretations

of 'good enough' parenting, the factors that impacted on them, and the nature of the support they desired to strengthen their parenting practices was new information that was discovered. The descriptive design facilitated the process of acquiring an in-depth understanding of common parenting actions, child neglect, parents'/ primary caregivers' beliefs and attitudes about parenting, and the social structures and processes connected to parental behaviours in Welbedacht East. It enabled the researcher to describe how these factors interacted with one another. It brought the complexities of disadvantaged parents/ primary caregivers, their realities of caring for their children in a resource-poor community, and their social and socio-spatial circumstances to the fore, which offered a dynamic explanation of why the incidence of child neglect was so high and what was needed to reverse this (Holloway & Pimlott-Wilson 2014:94). The contextual research design was responsible for the development of the holistic understanding of the bioecological contexts of parenting practices and identified specific indicators within the areas of social inclusion, namely markets, services, crisis services and spaces, where parents/ primary caregivers of Welbedacht East lacked the opportunities and resources they needed.

Similarly, the case study design that was used within the IDD (see Section 4.4.4) was empirically valid for this study (Daymon & Holloway 2011:114). It allowed the researcher to focus on a small number of participants (30), excluding the additional participants invited to attend the consultation workshop. The participants were connected by their commonalities (parents/ primary caregivers, living in the same context, caring for children younger than nine years, who lived permanently with them) and their narratives offered valuable insights that did not require enumeration or categorisation (Monette et al 2011:442). The small sample size achieved voluminous information, rich in detail. Had it been any bigger, the management of the data would not have been possible. Management of the voluminous data was a challenge when during the data analysis phase and even when presenting the findings. The information about the contextual factors affecting parenting and the many different behavioural indicators related to parenting resulted was copious, but the researcher wanted to use as much of it as possible so that the participants would recognise their contributions had been heard. However, the depth of information that was discovered outweighed these challenges. Generalisability of the findings was never the intention of this research (see Section 1.9.6), because the interest of this study was locally specific (Creswell 2014:14; Maree 2007:130).

The synopsis of why the IDD design was selected for the study was covered in the research plan (see Section 1.9.1). The realities of the application of Phase 1 was presented in Section 4.4.5.1 and it was confirmed that there were several advantages to having used the IDD Model. It allowed the researcher to use a small sample to represent parents/ primary

caregivers of Welbedacht East (Comer et al 2004:250). It motivated for a collaborative approach to conducting the research, engaging participants to identify the real issues that affected their parenting practices (Frazer & Galinsky 2010:464; Gilgun & Sands 2012:350). A credible exposition of the challenges experienced by marginalised parents/ primary caregivers living in LSEEs was achieved (Comer et al 2004:251). Because of following the task steps of the IDD design, a public platform was created for participants to share the socio-spatial realities of parents/ primary caregivers with service providers and local government department representatives during the consultation workshop as equals. The knowledge gathered during the research process was put to use (Barbour 2000:157). It advanced understanding of the community and the needs of parents/ primary caregivers living there, and informed the development of a contextualised parenting support intervention (Frazer & Galinsky 2010:465). The collaborative process intrinsic to the IDD promoted community trust (albeit marginally) (Siddiqui 2014:125) and brought about an attitudinal change within participants (D'Cruz & Jones 2014:50). Parents/ primary caregivers, motivated by the community champion research action group, were encouraged to change their circumstances and some of them started small income generating activities before the parenting support intervention was piloted. Parents/ primary caregivers were empowered, their sense of self-efficacy had increased, and they acknowledged that their participation in the study had been worthwhile. The researcher concluded that without the engagement of parents/ primary caregivers in the research process, the development of a contextually and culturally relevant parenting support intervention would not have been achieved. When the intervention is launched it will have a positive effect on the broader community. The drawback of using IDD as a research strategy for Doctoral studies is mentioned in the section on the recommendations for further research (see Section 9.20.4)

The operationalisation of the first step in Phase 1 of the IDD was communicated in Chapter Four (see Section 4.5.2). The population, sample, and sampling techniques that were applied during the study and the preparation of the research participants for their engagement were explained. The target population relevant to the study were residents of Welbedacht East who were full-time primary caregivers of children under nine years of age at the time of the study. The rationale for the inclusion of the second sample, community champions, was confirmed. They were in many respects the gatekeepers of the community who possessed valuable information about the community, which helped to corroborate the needs, perceptions, and practices of parenting shared by parents/ primary caregivers which verified the findings (Royse 2011:215). They orientated the researcher, educated her about cultural and contextual issues that needed to be observed during the research process, and provided informed perspectives about parenting practices they observed in the community. A research action group evolved

from the wider group of community champions. It consisted of four community champions who were residents in the community and were recognised and respected as gatekeepers of four different geographical areas in Welbedacht East. The community champion research action group became the link between the researcher and the parents/ primary caregivers and functioned as a conduit of information and ideas as exchanged between the researcher and the parents/ primary caregivers throughout the research process (see Section 4.5.2.1). They warned her about the special needs of parents/ primary caregivers living there that needed to be accommodated during the research process, such as literacy levels, transport needs, and suitable times for interviewing. They gathered the opinions of parents/ primary caregivers in the community about research decisions that had to be made. The researcher concluded that the process of developing the intervention had been collaborative and had remained focussed on the needs of parents/ primary caregivers in the community, largely because of the role that the community action group had played (see Section 4.5.2.1 and 4.5.2.2).

Two methods of data collection were used to achieve the third step of Phase 1 of the IDD. The first was the face-to-face interviews with parents/ primary caregivers and community champions (see Section 4.5.3.1 and 4.5.3.5) and the second the consultation workshop (see Section 4.5.3.11). Open-ended questions were used in both (see Section 4.5.3.11). The individual, face-to-face, semi-structured interviews were facilitated by the two different interview guides, each slightly different for the two samples. The open-ended questions were well-suited to this study because they produced the exploratory, descriptive, and contextual data that was needed. The semi-structured interviews allowed flexibility for the wording of questions to be adapted according to the lingual capacity of the different participants. The sequence of posing the questions could be changed to remain in step with the flow of the participants' narratives. However, the interview guides created some structure, which ensured that all the participants were exposed to the same interview stimuli. The key cards were used for the community champion interviews and pictorial cards for the parent/ primary caregiver ones. Participants could choose whether they wanted to use them or not during the interviews, and how and when. They were effective because they enabled participants to focus on the broad range of parenting activities as required for the study. This deepened their responses and reflections about their own parenting practices, as well as those of others in the community. The interview protocol that was developed to prepare participants for the interviews helped to relax them and gave them a clear understanding of what was expected of them during the interview. The interview protocols standardised the way data was collected and recorded. The researcher concluded that the interviews were knowledge-producing conversations that allowed participants to recognise that they had been equal partners in the

research process, as encouraged by Hennink et al (2011:109). The research protocol protected their privacy (see Section 4.5.3.2).

The interview notes made during each interview were used whilst transcribing the interviews. They were used to clarify inaudible sections of the digital recordings, remind the researcher of her or the research assistants' observations made whilst conducting the interviews, and served to preliminarily verify each completed transcription. The set of transcriptions and translations that had omitted data recorded in the interview template were easily recognised and excluded from the findings.

The cultural sensitivity of the study was advanced through the use of research assistants who spoke English, isiZulu, and isiXhosa (see Section 4.5.3.7). This made sure that no one was excluded from the study based on language, and all participants expressed themselves in their home-language if they so chose. They could make cultural expressions which were understood and captured by the bilingual research assistant. The researcher was satisfied with the manner in which the research assistants were selected, trained, and monitored. The issues related to the translations of interviews will be discussed under the limitations of the study (Section 9.17).

The consultation workshop was not only attended by the parents/ primary caregivers and community champion research participants, but also by other stakeholders such as local government officials and service providers connected to Welbedacht East (see Section 4.5.3.11). The information gathered from the three groups, namely parents/ primary caregivers, community champions, and other stakeholders, led to the establishment of the aim and task goals of the locally specific parenting support intervention. The discussions between the three sectors were reciprocal and meaningful (Rapport et al 2014:149) and relevant to promoting the social inclusion of the Welbedacht East residents.

The researcher was satisfied that thematic analysis was relevant to her study. Whilst the six steps of Braun and Clarke's (2006:78) Thematic Analysis were presented in a linear fashion (see Section 4.5.4), the process was more recursive and the researcher moved backwards and forwards between interview transcriptions, research interview templates, and her research journal before themes became explicit. The volume of data and the detailed information about the many parenting activities and how they were affected by context and culture meant that this process took time. The themes had to be collapsed into fewer themes for the presentation of the findings. Whilst difficult to execute, the researcher concluded that the decision to use this method brought the meanings that participants attributed to the experiences of parenting

to the fore, allowing her to filter and separate the patterns and themes that were located in the raw data. The themes identified highlighted the meanings of the stories that the participants had shared (Anfara et al 2002:30). The literature control was conducted only after the data analysis consultations between the independent coder, supervisor, and researcher had taken place, which made the analysis more inductive.

A thick description of parenting practices evident in Welbedacht East and the contextual and cultural realities of what it was like to parent in that neighbourhood was accomplished. It was concluded that the research methods used were thorough and findings had been deduced from multiple sources using recognised research procedures. The findings were checked throughout the research process. As Shenton (2004:63) and Thomas and Magilvy (2011:152) posit that the actions that the researcher described are positive indicators of the creditability of research, the researcher concluded that the findings were credible. All the research steps implemented throughout the study are reported in the thesis in much detail (see Chapter Four and Eight). The context of the study, Welbedacht East, was first presented in the introductory chapter (see Section 1.2.3), and the findings presented in Chapter Six extended this description. The biographic detail of the research participants was presented at the start of Chapter Five (see Section 5.1.1 and 5.1.2). It can therefore be concluded that the research procedures, context, and research participants are sufficiently detailed for others to decide if they can apply the results of the findings or procedures followed to the contexts wherein they work (Merriam & Tisdell 2016:256; Shenton 2004:63). The research protocol planned was carefully followed during the interviews, transcriptions, and translations. The findings of the interviews and consultation workshop were verified, and the Delphi procedure augmented the verification of the elements that were determined for the parenting support intervention. The coding of data and analysis was strengthened by using an independent coder. As these are represented by Shenton (2004:72) as efforts that are needed to strengthen the dependability of the findings of a study, it was concluded that the findings related to the identified concerns of the research participants and the parenting support intervention they desired were accurate and authentic.

Modifications were made to the original design to address the recommendations of research participants and unexpected research outcomes. The first modification was related to the participants who were selected for the sample of parents/ primary caregivers. The intended sample would have included fathers in the parent/ primary caregiver sample set. However, because fathers were generally perceived not to be involved in the caregiving of children in the community and the rate of single parent mothers was higher than the national standard, community champions motivated they be excluded during this study. The researcher

conceded, because one of the reasons for using a purposive sample is that one wants to choose those who are best informed about the research topic (Babbie 2013:557; Marlow 2011:37; Monette et al 2011:506). The second modification was the introduction of the interview aids, namely the key cards and pictorial cards of parenting indicators, and the parents'/ primary caregivers' diagrammatic representations of their own versions of the continuum of parenting care in Welbedacht East. A third modification had to be made because of the anomalies that were detected in one set of transcriptions and translations. They were excluded and more interviews were conducted to replace them. The sample of parents/ primary caregivers was smaller as a result, but this did not affect the outcome, because the depth of information gathered was more valuable than the number of participants interviewed and the point of data saturation was confirmed by the research supervisor. The next modification was who was asked to participate in the consultation workshop. The researcher followed the proposal made by the community action research group to invite service providers and local government officials who had not participated in the interviews. They motivated that this would add an extra purpose to the consultation workshop, to inform stakeholders of the realities of parenting in the community of Welbedacht East, so that they would hear first-hand what the needs of the community were. This affected the time needed to confirm the aim and task goals of the parenting support intervention, because more time was spent on presenting the findings and in the open group discussions than planned. This default could be addressed in Phase 3 of the IDD, a step that required the community champions to verify what procedural elements for the parenting support intervention were consistent with the task goals they had selected. This was a more efficient and reliable method of achieving confirmation of the aims and task goals than the original plan. The Delphi process was selected to compensate for this shortcoming and simultaneously satisfied the task objective of determining the procedural elements of the parenting support intervention (see Section 8.3.4). The final modification was the way in which the findings were presented. The extensive findings collected from both samples, when analysed, produced the same themes. It was decided to combine the findings of the two samples where relevant. This was an expedient decision, as it reduced the length of the thesis and extracted some repetition, both recurring issues of concern to the researcher.

9.2.4.1 *Conclusions of Chapter Four*

The chapter fulfilled its purpose. It provided an explanation of the research methods and sequential application of research methodologies used to achieve Phase 1 of the IDD. It was concluded that the research design was relevant to the study and produced the outcomes needed with minimal deviations from the original plan. The researcher gained entry and cooperation from the community of Welbedacht East, and she identified and involved participants who were able to assist her to identify the concerns of parents/ primary caregivers

about parenting practices and how these needed to be improved. Their insights enabled her to arrive at the aim and task goals of a locally specific parenting support intervention.

9.6 SUMMARY AND CONCLUSIONS: THE DEMOGRAPHIC PARTICULARS OF THE RESEARCH PARTICIPANTS (CHAPTER FIVE)

Chapter Five offered an overview of the biographical data of both sample sets before presenting the descriptions and themes that were developed from the analysed data. Thereafter, the findings pertaining to the first three themes, namely parents'/ primary caregivers' perceptions of 'good enough' parenting, the community champions' perceptions of 'good enough' parenting, and the general quality of parenting, were shared. The summary and conclusions will follow the same order and will commence with the summary and conclusions about the demographic particulars of the research participants.

This section provides a summary and conclusions about the research participants who participated in this study. Their biographic details were presented at the start of the chapter (see Section 5.1.1 and 5.1.2). The details of the two sample sets were presented separately, commencing with the particulars of the parent/ primary caregiver sample set and then the community champions.

The sample of parents/ primary caregivers consisted of 14 parents/ primary caregivers, all women, between the ages of 18 and 47 years, who lived in Welbedacht East and were the full-time carers of children under nine years of age at the time of the study. Whilst racially diverse, including Coloured, Indian and African participants, there were more African participants in accordance with the profile of the community (eThekweni Municipality 2013:16). They were mostly single mothers, few of whom received support from the fathers of their children. Most had five or more people living in their households. They were poor and their regular source of income was the state CSG. Their levels of education were low and their job skills limited. They were mostly unemployed.

9.6.1 Conclusion About the Sample of Parents/ Primary Caregivers

The profile of the women selected typified female-headed households as described in the White Paper on Families in South Africa (2013:19) and represented similar characteristics as those described by Holborn and Eddy (2011:1-6) about South African fractured families. The inclusion of these women was relevant to the purposes of the study, because they offered personal interpretations of parenting in a LSEE which contributed to the information-rich answers to the two overarching research questions. Firstly, they could share their perceptions

and practices of 'good enough' parenting and insights about cultural and contextual realities that influenced their parenting practices, both positively and negatively. Secondly, they knew better than anyone else what was needed to improve the quality of parenting in the community. This contributed significantly to the applicability of the parenting support intervention that was developed.

9.6.2 Conclusion About the Sample of Community Champions

The 16 participants selected for the community champion sample were ethnically and religiously diverse. They consisted of both professional and local community members who supported parents/ primary caregivers through the formal and informal services they delivered in Welbedacht East. There were more women (12) than men (four), and 11 were permanent residents in the community. There were social workers, ECD coordinators, religious leaders, and project managers of NPOs, as well as a nursing practitioner, a home-based carer, and a taxi manager.

The inclusion of men in this sample compensated for the absence of men in the parent/ primary caregiver group. Eleven of the community champions were permanent residents in Welbedacht East, and therefore well-positioned to verify data gathered from parents/ primary caregivers. They witnessed the parents/ primary caregivers performing their parenting practices daily and as evaluations of parenting is a sensitive matter, the community champions' reflections would indicate whether parents/ primary caregivers had presented socially desirable answers rather than reflect the situation of parenting as it truly was. The community champion sample members were well-integrated and committed to uplifting Welbedacht East, and it was concluded that their responses added to the trustworthiness of the findings and augment the responses of parents/ primary caregivers to contribute to the depth of meanings.

9.7 SUMMARY AND CONCLUSIONS: PART 1.1 OF THE FINDINGS (CHAPTER FIVE) – THE PARENTS'/ PRIMARY CAREGIVERS' PERCEPTIONS AND PRACTICES OF 'GOOD ENOUGH' PARENTING (CHAPTER FIVE)

At the outset of the study, eight research questions were developed. Four pertained to the perceptions and practices of 'good enough' parenting and four to the parenting support intervention needed in Welbedacht East. These findings were presented over four chapters. Part 1 of the findings presented the participants' perceptions and practices of 'good enough' parenting using the descriptions and themes developed from the analysed data. Three themes were discussed under Part 1 of the findings:

- The parents'/ primary caregivers' perceptions of 'good enough' parenting
- The community champions' perceptions of 'good enough' parenting
- Research participants' perceptions about the quality of parenting practiced in Welbedacht East.

The first section of the findings to be summarised is Part 1.1: the parents'/ primary caregivers' perceptions of 'good enough' parenting.

The parents'/ primary caregivers' perceptions of 'good enough' parenting were fairly consistent with the five domains of 'good enough' parenting indicators, as identified in the literature: parenting practices related to promoting the child's physical health, development and safety; psychological and emotional development; social development and behaviour; cognitive development and education; and the foundational competence of parents.

9.7.1 The Physical Health, Development and Safety of the Child

In terms of parenting responsibilities for promoting the physical health, development and safety of children, parents/ primary caregivers expected that 'good enough' parents could be recognised by their ability to satisfy eight parenting indicators. These included: their ability to provide the child with a place to stay; engagement in actions to maintain the child's hygiene; capacity to supply good nutrition in the home; willingness and ability to secure medical care for the child as and when needed; parental responsibility for protecting the child and keeping him/her safe; honouring the obligation to make plans for the child's future; creating routine and structure into the child's daily life; and offering understanding of children's rights and responsibilities. "Good enough" parents would demonstrate an ability to integrate these principles into their parenting practices. Parents/ primary caregivers reported that even though they recognised these indicators as relevant to the promotion of the well-being of their children, their contextual realities, particularly the limited resources they had at their disposal, meant that they could not perform many of these, and therefore prioritised taking care of the most basic needs of their children. Providing children with food, shelter, and safety were positioned as the main parental responsibilities, followed by being able to secure medical care and maintain the hygiene of their children. Establishing routine and promoting children's rights, whilst considered important, were prioritised last. Parental responsibility for the positive health status, health maintenance, and healthcare of children was found to be well-supported in the literature and behavioural indicators of 'good enough' parenting were associated with the responsibility for the child's nutrition, hygiene, health, shelter, financial support, and clothing (Al-Hassan 2009:27; Bywater & O'Loughlin 2016:76; Johnson et al 2014:95-96; Seay et al

2014:204). Fewer sources supported parental responsibility for routinised care of children. They mention the importance of “good enough” or “adequate” parents instilling healthy eating, exercise, and sleep routines in the lives of children (Johnson et al 2014:120; Jones 2013:170; North 2013:25; Woodcock 2003:95). The difference between the literary references to routine and those of the parents/ primary caregivers was that the parents/ primary caregivers recognised routine as a measure of social control, used to protect children from neighbourhood dangers. Finally, whilst the rationale behind the CFCW (Lippman et al 2009:20-23) was clearly to promote and protect children’s rights, references to this being a ‘good enough’ parenting behavioural indicator was not found in the literature. It is difficult to explain this result, but it may be related to Sithole and Shai’s (2016:112) observation that the rights of women and children in South Africa remain obscured by African culture and tradition and need to be uplifted. One way of doing this is to raise awareness of children’s rights. Benefits of promoting parental knowledge of children’s rights are considered to make parents more responsible for satisfying the needs of their children, particularly when governmental support is available (Reynaert et al 2009:524), and is reported to raise the civic-mindedness of parents so that those who violate children’s rights are apprehended and the protection of children becomes common practice (Sithole & Shai 2016:115-116)

9.7.2 The Psychological and Emotional Development of the Child

Seven ‘good enough’ parenting indicators were identified as associated with parental responsibility for the promotion of the child’s psychological and emotional development. These were: the parent’s/ primary caregiver’s ability to demonstrate love and affection towards the child; convey understanding and facilitate parent-child communication; build the parent-child relationship through parent-child play; develop the child’s self-confidence; show acceptance of the child’s unique personality and adapt parenting responses accordingly; to offer stability and consistency in the child’s life; and promote the child’s spiritual development to foster attitudes of hope and faith. The behavioural indicators mentioned were consistent with other studies (Bywater & O’Loughlin 2016:77; Choate & Enstrom 2014:372-374; Crawford 2011:25; Johnson et al 2014:118; North 2013:25), except for parental responsibility for advancing the spiritual development of the child. Whilst the CFCW (Lippman et al 2009:20-23) refers to the value of spirituality in the lives of children, it not that evident in modern works on “good enough” parenting, except for Bywater and O’Loughlin’s article (2016:76). The study corroborated one of the findings of Hope and Van der Merwe’s (2013:322a) study conducted in a disadvantaged South African community that religion bolstered the resilience and social compliance of children in that community. Of the behavioural indicators that participants mentioned, playing with the child, building the child’s self-confidence, and adjusting their parenting methods to suit the child’s unique temperament, though popularly cited by other works (Crawford 2011:25;

Hoghughi & Speight 1998:294; Johnson et al 2014:118), were less frequently mentioned in this study. Parents/ primary caregivers suggested that they were too busy dealing with their survival issues to be able to prioritise spending time with their children. Another possible explanation as presented in the discussion about the impact that culture had on parenting practices was that a hierarchical relationship existed between African parents and their children, which created emotional distance between parents and children.

9.7.3 The Social Development and Behaviour of the Child

The 'good enough' indicators parent/ primary caregiver participants proposed for the social development and behaviour of children consisted of six parenting responsibilities. The three most supported 'good enough' parenting indicators were that parents/ primary caregivers should be good role models for their children; set limits and apply consistent discipline; and teach children manners. It was further stated by some parents/ primary caregivers that 'good enough' parents would develop the child's cultural identity, encourage the child's contact with family members living outside the home, and promote their participation in organised activities outside the home. Contextual realities, namely neighbourhood threats and limited resources, made the attainment of these recommendations difficult.

Living close to others who demonstrated inappropriate behaviours undermined parental efforts to instil positive values in their children. Participants expected 'good enough' parents to teach their children fundamental values and positive social behaviours, which was consistent with the findings reported by several other sources (Bywater & O'Loughlin 2016:77; Eve et al 2014:122; Johnson et al 2014:96-97; Seay et al 2014:201-204). The positive social behaviours of parents identified by the sources mentioned included parents modelling responsible behaviour, demonstrating non-aggressive conflict resolution, and showing kindness, which was consistent with that which the parents/ primary caregivers had indicated. The participants in the study complained about the negative examples that some of their neighbours set, which included arguing loudly, using vulgar language, acting violently, abusing alcohol and/or drugs, and engaging in promiscuous sexual behaviour in the presence of their children.

Some participants recognised the benefits of parents/ primary caregivers encouraging their children to participate in organised activities outside of the home, but in the absence of recreational facilities and structured activities for children in Welbedacht East, this was not possible. As noted in the literature, this robbed their children of opportunities to learn about expected group behaviour and positive peer interactions, such as cooperation and sharing (Budd & Holdsworth 1996:7; Bywater & O' Loughlin 2016:77-78; Johnson et al 2014:96), outside the home. The findings related to participants' expectations of discipline were in some

respects aligned to those found in the literature. They advocated that 'good enough' discipline should be fair and consistent, boundaries should be set, and the consequences of breaking the boundaries spelled out before they are broken. Privilege withdrawal, time-out, corporal punishment, and coercive control were presented by participants as acceptable forms of behavioural control. Privilege withdrawal and time-out were supported by most studies consulted (Bywater & O'Loughlin 2016:76; Johnson et al 2014:96-97; Seay et al 2014:201-204) and opposed participants' perspectives regarding the effectiveness of corporal punishment and coercive control. Corporal punishment and coercive control were reported to have damaging effects on children (Gould & Ward 2015:5; Taylor et al 2000:116). It appears participants considered only some forms of corporal punishment to be harmful, namely when corporal punishment was applied too harshly or inconsistently. The research participants did not mention that children should be included in the setting of limits and the modification of rules as advocated in the literature (Bywater & O' Loughlin 2016:76; Johnson et al 2014:96-97).

In keeping with the perspectives of authors such as Bywater and O Loughlin (2016:77), Johnson et al (2014:103), and Reece (2013:49), some participants mentioned that parents/ primary caregivers have a responsibility to promote the cultural and racial identity of children. However, the responses about the impact culture had on parenting was varied. For some, developing the child's ethnic pride was an empowering factor, while for others it was considered irrelevant. Amongst those who represented mixed race families, some were not bothered about instilling culture in their children, whilst the families with African fathers reported that the cultural practices of the father were upheld. It was observed by some that mixed ethnic groups living in the same neighbourhood had initiated a process of acculturation which some accepted and others believed confused children. Some lamented that it caused them to lose touch with their cultural heritage.

The findings suggested that generally religion rather than ethnic identity was more evident in the community. Few parents focussed on teaching their children cultural customs. Those who did were African parents. Children took on the cultural practices of those around them, as presented by Bornstein and Cheah (2006:15). They state that culture is not static; it re-forms when families start to adjust to the contexts in which they live. However, the African parents held onto their cultural practices more than the other ethnic groups and motivated that cultural pride was a protective factor for both parents and children.

Whilst social support from other family members was valued, many did not have it because they were geographically separated from their extended families. Parents/ primary caregivers

managed their emotional and financial challenges of parenting without the assistance of the fathers and paternal family members, as consistent with the findings of Green and Hartweg's (2004:186) study. Contrary to the indicators of the CFCW (Lippman et al 2009:22-23) about the benefits that accrue to children when parents promote family connections, the parents/primary caregivers in Welbedacht East could not afford to achieve this. Their children were not part of extended families, and they did not gather to enjoy family celebrations and meals or share family outings or holidays with family members who lived outside of their homes. The findings suggested that the relocation of families to Welbedacht East had broken their family ties and they were socially isolated.

9.7.4 The Cognitive Development and Education of the Child

Parent/primary caregiver participants identified six behavioural indicators of 'good enough' parenting associated to the cognitive development and education of the child. They motivated that 'good enough' parents were those who understood the child's developmental stages; ensured that the child attended school regularly; developed a home-school partnership; stimulated the child's intellectual development; and exposed the child to interesting places. Consistent with the literature that parental understanding of the physical, emotional, social, and intellectual development of the child is important (Hoghughi & Speight 1998:295; Kellett & Apps 2009:13; Woodcock 2003:94) participants stated it as a positive indicator of 'good enough' parenting. Participants acknowledged that if parents knew about the developmental stages of their children, they would have realistic expectations of their children and regulate their responses to them accordingly. Parental understanding of the developmental needs of children was something they learned from one another rather than from any formal instruction or literature. They linked the high rate of teenage pregnancies to the inadequate preparation children receive from their parents for physical and psychological changes of adolescence.

Parental responsibility for driving school attendance was supported by participants as endorsed by sources identified in the literature control (Al-Hassan 2009:27; Bywater & O'Loughlin 2016:77; Johnson et al 2014:103). Amongst this vulnerable group, some parents/primary caregivers made many sacrifices to achieve this. Their motivation to do so was spurred on by their own experiences of being uneducated. Observations about others in the community reflected that parental responsibility for ensuring the child's attendance at school was not a commonly upheld parenting practice in Welbedacht East. Reasons presented were linked to parental neglect and the discriminatory attitudes of the schools towards disadvantaged learners and their families. Other prohibiting factors were structural and personal barriers such as the expense of transport to get children to schools not situated in Welbedacht East, the unaffordability of ECD schooling, lack of access to their children's

educators, and their limited capacity in terms of skills, knowledge, and resources to assist their children with schoolwork tasks and learning. Poor access to opportunities outside the home such as libraries, natural history museums, and places of interest meant that parents/ primary caregivers were unable to ignite their children's curiosity and interest in learning. The findings concluded that because of the lack of education of many parents/ primary caregivers, their limited resources, and the socio-structural factors that discriminated against them, they failed to stimulate the curiosity of their children to learn, encourage them to apply themselves to their schoolwork, or help them to master the basic standards of education. The fact that promoting the child's cognitive development. The indicators they mentioned are endorsed by several authors (Al-Hassan 2009:27; Hoghughi & Speight 1998:294; Lippman et al 2009:20). Others do not include them in their indicators of 'good enough' parenting (Choate & Engstrom 2014:371; Kellett & Apps 2009:27; North 2013:25). Some authors such as Dermott and Pomati (2016:128-129) and Gillies (2005b:842) argue that they are Western enforced indicators that discriminate against those who suffer structural factors like those mentioned by parents/primary caregivers. Atilola (2014:3), in discussing children being raised in an African context, cautions that the Western approach to learning overlooks indigenous views.

9.7.5 The Foundational Competence of Parents/ Primary Caregivers

The 'good enough' parenting indicators that parents/ primary caregivers identified as relevant to the foundational competence of parents/ primary caregivers included that parents/ primary caregivers should have adequate emotional capacity to put the child's needs before their own, an ability to regulate their emotions, and a willingness to seek assistance from relevant sources when unable to manage life's situations. Parental responsibility for placing their children's needs above their own when addressing the basic needs of children was well-supported by parents/ primary caregivers. They tried to ensure that their children received the biggest share of the food and their income in their households. Their descriptions were consistent with those of North (2013:25), of aiming to provide their children with predictable and constant levels of care to the best of their ability, despite their personal challenges. It was noted that there were others in the community who did not do this, however. Parents/ primary caregivers had a good grasp of what it meant to manage emotional expressions and why it was important, but the intersectionality of poverty, unemployment, neighbourhood crime, violence, gender discrimination, and solo parenting exposed them to high levels of stress. They conceded that seeking assistance was difficult for parents/ primary caregivers in the community, because social cohesion was low in their community, services were scarce and inaccessible, existing resources were not well-marketed, and the stigma attached to seeking help. Some mentioned that some parents feared that when contacting welfare organisations

for help they would be subjected to further investigation from welfare services which they preferred not to risk.

9.7.6 Conclusions of Part 1.1 of the Findings

The parents'/ primary caregivers' perceptions of 'good enough' parenting was mostly consistent with scholarly indicators and they shared a strong desire to achieve a 'good enough' level of parenting, but the quality of parenting they offered their children was largely determined by their socio-structural realities. The socio-structural realities determined the 'good enough' parenting indicators that were prioritised. Attending to the basic needs of their children was their priority and they aptly identified the most pressing 'good enough' parenting tasks, such as providing the child with basic nutrition, securing adequate healthcare, and offering their children protection from the violence and abuse prevalent in their community. According to Save the Children South Africa (2015:15), these are three of the four most pressing social issues affecting disadvantaged children in South Africa, the one that the participants did not consider crucial being the need to advance early childhood education.

Behavioural indicators of 'good enough' parenting related to the cognitive development and education of the child were positioned last in contrast to the more recent scholarly perspectives of 'good enough' parenting support which motivate that parents have an important role to play in this regard (Bywater & O'Loughlin 2016:77; Dermott & Pomati (2016:77; 2011:24; Johnson et al 2014:116) (see Section 3.4.1.4). The literature control offered two possible explanations. The first being that socioeconomic class determines the extent to which parents promote a child's educational attainment, because resources are needed to achieve this (Holloway & Pimlott-Wilson 2014:101). The socioeconomic circumstances of parents/ primary caregivers in Welbedacht East were so poor that few could satisfy the higher order needs of their children. The second was that different cultures place different emphasis on the academic development of children. For example, Bame Nsamenang (2006:296) observes that African cultures consider cognitive development to be a natural process where children intuitively discover knowledge and skills whilst attending to their daily routines and interacting with family and community members. He notes that in African cultures setting age-appropriate chores for children promotes the child's social intelligence, which in African cultures, is more important than academic development. Learning is considered as an incidental process as the child starts to integrate knowledge of social values and acquires practical skills more strongly valued than individualised academic achievement (Bame Nsamenang 2006:296).

Some of the 'good enough' parenting indicators proposed were motivated by the participants' need to reduce the effects of harmful neighbourhood influences on their children. The

promotion of the child's hopefulness and faith, and the strengthening of cultural identity amongst amongst African parents, were examples of this. This perspective concurred with those of Ceballo et al (2008:223) and Dykes (2016:25), that cultural pride and resilience are factors that reduce the harmful effects of the negative contextual realities associated with children living in disadvantaged circumstances. The African participants favoured corporal punishment to maintain discipline, provided it was exercised with emotional restraint. Corporal punishment was presented as the form of discipline they were most familiar with. Some mentioned using other forms of discipline such as the withdrawal of privileges and the allocation of extra chores as punishment. Shaping behaviour using contingency rewards and reasoning with the child were not typical, and the harsher forms of discipline were more popular.

The researcher concluded that parents/ primary caregivers had a good sense of what was required from them to be 'good enough' parents. However, in the disabling context in which they were situated the indicators they had identified, although not as advanced as scholarly indicators of 'good enough' parenting, remained unrealistic for their circumstances, even basic ones such as providing their children with nutritious food, seeing that they received medical treatment. They were totally incapable of being able to take their children to interesting places or make financial plans for their futures. Their ability to fulfil their parenting roles was further undermined by social isolation and exposure to multiple stressors. For them to achieve the indicators of 'good enough' parenting, they require more personal and environmental resources than they had at their disposal.

The findings related to Part 1.2 follow below and address the community champions' perception of 'good enough' parenting.

9.8 SUMMARY AND CONCLUSIONS: PART 1.2 OF THE FINDINGS – THE COMMUNITY CHAMPIONS' PERCEPTIONS OF THE INDICATORS OF 'GOOD ENOUGH' PARENTING (CHAPTER FIVE)

The community champions' accounts of what 'good enough' parenting should entail were similar to those of the parents/ primary caregivers, although they identified fewer indicators and were less detailed in terms of behavioural descriptors they provided. Their identified indicators of 'good enough' parenting was arranged according to the parent's/ primary caregiver's responsibility for promoting the physical health, development and safety of the child, as well as the child's psychological and emotional development, social development and behaviour, and cognitive development and education. They did not mention the foundational

competence they expected of parents but had mentioned them in their responses to other questions, allowing the researcher to believe that community champions supported them.

The 'good enough' parenting indicators the community champions mentioned relating to the physical health, development and safety domain were: providing for the child's basic needs (shelter, hygiene and nutrition), ensuring that the child receives adequate healthcare; protecting the child from dangers in the community, making provision for the child's future needs, and establishing routine in the child's life. Their perspectives were consistent with those presented by the parents/ primary caregivers, with the exception that they did not include parental knowledge and integration of children's rights. Their interpretation of parental supervision was that parents/ primary caregivers had to be responsible for protecting children from harmful community factors such as substance abuse and child abuse, and they expanded on protection referring to the responsibility of parents averting household accidents through monitoring children's exposure to dangerous factors in the home, such as hot appliances, boiling water, and knives, as well as environmental risks, such as road dangers. Some of the behavioural indicators mentioned by other authors that would have been relevant to addressing community champions' concerns about poor parental supervision were protecting children from harmful media (inappropriate sexual and violent content) and offering supervised play as advocated by Choate and Engstrom (2014:371), Johnson et al (20014:116) and the CFCW (Lippman et al 2009:20). The community champions referred to these in other discussion suggesting that they fully understood that 'good enough' parents were those who took the protection of their children seriously.

The 'good enough' parenting indicators community champions associated with the psychological and emotional development of children included parental demonstrations of love and acceptance towards the child; showing understanding and developing positive communication between parent and child; establishing stability and consistency in the home; and advancing the child's spiritual development. No one mentioned parent-child play, building up the child's self-confidence, or recognising and accepting the uniqueness of each child, the additional 'good enough' behavioural indicators that were mentioned by parents/ primary caregivers. The community champions positioned that love and affection would reduce the damaging effects experienced by children raised in disadvantaged communities, as positioned by several authors (Richter & Naicker 2013:5; Ward & Wessels 2013:62; Wessels et al 2016:1). and that through good parent-child communication, parents/ primary caregivers would be able to monitor their children's well-being. Their perspectives of creating stability in the child's life and advancing their spiritual development were consistent with the views of the parents/ primary caregivers.

The community champions listed three indicators of 'good enough' parenting that related to the cognitive development and education of the child. These included ensuring the child's school attendance, monitoring the child's school progress and assisting with homework, and intellectually stimulating the child through play. They positioned the benefits of ECD more strongly than the parents/ primary caregivers had. It was interesting to note that parents/ primary caregivers and community champions had different perspectives about parent-child play. The community champions viewed parent-child play as a means of stimulating the child's basic literacy in the home, whilst the parents/ primary caregivers considered parent-child play to be a means of promoting the child's emotional well-being.

There were several 'good enough' parenting indicators that the community champions' associated with promoting the social development and behaviour of children. Their comments were more general than those of parents/ primary caregivers, as well as scholarly indicators. There were three main parenting indicators they mentioned: assisting the child to develop prosocial values; setting fair limits of child behaviour; and encouraging the child to participate in sport activities. The latter was not realistic given the absence of allocated spaces for such recreational activities in the community. The perspective that a parent held the responsibility to assist the child to integrate prosocial values was undefined. They simply referred to parental responsibility for inculcating positive values without attaching behavioural indicators. In contrast, scholarly references to this are more specific, such as guiding the child to respect others and display courteous behaviours, as supported by Johnson et al (2014:120). The authors' perspectives in this domain suggest that 'good enough' parents are those who adopt a balanced approach to setting limits and metering out consequences. The community champions explained that this balance was difficult to achieve because it was hard to determine what consequences were severe enough to teach a child a lesson and it was also hard for parents / primary caregivers to exercise adequate emotional constraint when upset with children who had over stepped the boundaries. They noted that verbal abuse of children generated equally harmful outcomes for children as harsh physical punishment.

9.8.1 Conclusions of Part 1.2 of the Findings

The indicators as identified by the community champions were consistent with the classic scholarly works on 'good enough' parenting (Choate & Engstrom 2014:371; Hoghughi & Speight 1998:294; Kellett & Apps 2009:27). They were not as detailed as the more recent framework of parenting competency developed by Johnson et al (2014:120). Their responses highlighted a few behavioural indicators that the parents/ primary caregivers had not included. The first was that parents/ primary caregivers should have financial acumen and the capacity

to satisfy the child's material needs, beyond survival needs. They expected parents/ primary caregivers to accrue financial resources to advance their children's inclusion in school by having money for school transport, paying their school fees, and buying them school uniforms. Parental obligation to meet the child's basic expenses and support the child is provided as one of the parenting indicators of 'good enough' parenting by several authors (Bywater & O'Loughlin 2016:76; Child Protection Resource 2014; Seay et al 2014:204), mentioning that they do not have to have the resources but should actively seek resources to meet the child's responses. Community champions emphasised the promotion of the education of children more than parents/ primary caregivers had. Their expectation was that parents/ primary caregivers should be the drivers of their children's scholastic success. They made no allowances for the socioeconomic circumstances of the parents/ primary caregivers in Welbedacht East even though, as acknowledged by Sewpaul and Pillay (2011:294), it is extremely difficult for disadvantaged parents to achieve scholastic success, because the costs involved amount to more than they can afford. The community champions acknowledged parents/ primary caregivers who made sacrifices to achieve this, without recognising that they were exceptional examples which according to the literary sources would place them in the 'good enough' parenting category. Secondly, in a community such as Welbedacht East, they recognised that children needed emotional support from parents/ primary caregivers to increase their resilience. This is endorsed by Hoffman (2010:385), who notes that parental love leads to psychological and emotional security, which cultivates resilience amongst children. Finally, they promoted the need for parents/ primary caregivers to adopt a more balanced approach to disciplining children. One that was neither punitive nor abusive, but also not too soft. Their view of discipline was that parents/ primary caregivers needed to be firm, set well-defined behavioural limits, and deal with non-compliance fairly and consistently. Their perceptions were endorsed by the literature (Crawford 2011:25; Johnson et al 2014:115).

A common behavioural indicator that they and the parents/ primary caregivers had jointly considered important was parental responsibility for the development of the child's spirituality. They motivated that religion played an important role in assisting children to overcome the disempowering and demotivating effects of living in a disadvantaged neighbourhood. This was mentioned in the literature (Johnson et al 2014:97) but was not as strongly motivated as has been by parents/ primary caregivers.

The indicators of 'good enough' parenting as defined by both groups were not that dissimilar and could be combined and used later in the research process as an evaluation tool to measure the outcome of the locally specific parenting support intervention once it was delivered.

The third set of findings that were presented in Chapter Five were about the participants' perceptions about the general quality of parenting as evident in their community.

9.9 SUMMARY AND CONCLUSIONS: PART 1.3 OF THE FINDINGS (CHAPTER FIVE) – THE PARTICIPANTS' PERCEPTIONS OF THE QUALITY OF PARENTING PRACTICED IN WELBEDACHT EAST

Whilst the quality of parenting observed in the community was described by both parents/ primary caregivers and community champions as mixed, 'good' parenting was mentioned by a few participants who recognised that there were few parents/ primary caregivers who put their children's needs before their own. Those that did made their children their first priority in life, and they were self-sacrificing and able to satisfy their children's basic needs on a daily basis. The practice of 'good enough' parenting, was recognised more frequently by parents/ primary caregivers, and most parents/ primary caregivers described 'risky' or 'bad' parenting in responding to the question: "How would you rate the general quality of parenting in Welbedacht East?" The general sentiment was that when parenting was 'bad', it was really bad. The high rate of neglect of children in the community offered evidence of the participants' ratings.

Factors responsible for the high rating of 'bad' or 'negative parenting related to the physical health, development and safety of children were parents'/ primary caregivers' inability to address the housing problems, the inadequate nutrition they offered the children, the limited access they had to medical care, the general lack of reliable childcare and supervision to support them, the inadequate attention they paid to maintaining the hygiene of children, and their failure to offer routine and structure in the home. The patterns of behaviour mentioned were consistent with the indicators of 'bad' or 'risky' parenting presented in the literature control (Johnson et al 2014:96; Widding 2014:55). The concern of participants was that there was a general lack of monitoring failure amongst parents in the community to monitor the whereabouts of their children. Children were reported to be left alone at home without adult supervision. Poor parental supervision exposed children to accidental injuries and child abuse. Child abuse cases often went unreported. Children were described as unkempt and dirty. The psychological and emotional development of children was negatively affected by the characteristically distant and authoritarian parent-child relationships observed in the community. Children were not encouraged to ask questions in the home. Some were not offered any nurturance. These are behavioural indicators of 'bad' or 'risky' parenting (Daniel 1999:183; Taylor et al 2000:114; Widding 2014:55). Parents/ primary caregivers were not

good role models for their children and failed to treat their children with respect. They were reported to take their frustrations out on their children, using bad language and personal insults. Parents/ primary caregivers were lax about ensuring that their children attended school regularly. It became apparent that many children, because of poverty, experienced discrimination at school. This echoed McDonald's (2011) explanation that children from disadvantaged backgrounds become resistant to learning because of discrimination. Few parents/ primary caregivers living in Welbedacht East assisted their children with their homework, particularly the primary caregivers who were grandparents, because they were not educated and were poorly-versed in modern teaching approaches used in schools.

General neglect of children, distant parent-child relationships, lack of responsibility amongst parents/ primary caregivers for inculcating prosocial values in their children, and poor parental commitment to advance the educational achievement of children were common characteristics of 'risky' or 'bad' parenting mentioned.

Multiple factors were cited as responsible for the poor quality of parenting. In part, general intergenerational patterns of inadequate parenting (Schofield et al 2014:973) contributed. A substantial number of parents/ primary caregivers were described as not having experienced positive parenting when they were growing up. Patterns of teenage parenting and poor emotional regulation were intergenerational issues transmitted from one generation to the next. Social issues such as abandonment of children, domestic violence, substance abuse in the home, and child abuse (both physical and sexual) were described to be high in Welbedacht East. Contextual realities of being poor, unskilled, unemployed, and situated in a low-cost housing area that was lacking in infrastructure and unsafe because of the high crime rate made it difficult for many parents/ primary caregivers to satisfy behavioural anchors of 'good enough' parenting that parents/ primary caregivers believed they should be performing. In the absence of steady employment, social security benefits, and social support, many of the 'good enough' parenting indicators could not be satisfied. Parental stress compromised parent-child relationships and reduced parental responsiveness to the children's need for emotional support (Azar et al 2005:45) The positive intentions of parents/ primary caregivers to be 'good enough' did not, however, go unnoticed. Examples were provided of those parents/ primary caregivers who were resilient and ingeniously found ways to address some parenting challenges. Several authors note that when parents demonstrate a strong effort to meet the basic needs of their children, this reflects that they are essentially 'good enough' parents (Choate & Engstrom 2014:371; Ramaekers & Suissa 2012:90)

9.9.1 Conclusions of Part 1.3 of the Findings

It was concluded that the general quality of parenting in Welbedacht East was midway between 'bad' parenting and 'good enough' parenting.

It was further acknowledged that existing 'good enough' parenting assessments were not appropriate for the parents/ primary caregivers of Welbedacht East, contrary to the researcher's expectations at the outset of the study. Based on the indicators of 'good enough' parenting presented in each of the four domains of parenting in Table 3.3 (see Section 3.4.1.4) it was clear that limited concessions were made for the socio-structural factors that compromised parenting practices of those living in LSEEs. As a result, many parents/ primary caregivers found themselves in the 'risky' or 'bad' parenting category through no fault of their own. The older works of 'good enough' parenting (Kellett & Apps 2009:29; Ramaekers & Suissa 2012:90; Taylor et al 2000:114) placed more emphasis on the amount of effort that parents made to satisfy their children's needs than the newer models. The researcher concluded that more is being expected of parents these days.

Conclusions about Part 1 to 3 of the Findings: The findings were significant in several respects.

- Even though the quality of parenting was generally rated poorly, the parents/ primary caregivers had a good sense of what they needed to do to become 'good enough' parents and wanted support to succeed in this role.
- Doubts were raised as to whether a parent education programme would be sufficient to enhance parental capacity in Welbedacht East since many of the reasons they failed to fulfil their parenting responsibilities were related to the socio-structural factors that affected their lives.
- Most of the 'bad' parenting mentioned was unintentional and rooted in the psycho-socio-economic factors that affected the lives of parents/ primary caregivers creating parental stress which reduced their responsiveness to their children. As stated by North (2013:24), the examples of 'bad' parenting provided were more consistent with child neglect than child abuse. Whilst several parents/ primary caregivers realised they were failing their children, they were helpless to do anything about it.
- Many of the parents/ primary caregivers were unable to access the fundamentals of life, such as adequate sanitation and water, access to childhood development programmes, adequate schooling, food, and medical care. This confirmed that this group of parents/ primary caregivers represented the sector of parents who suffered because of the wide disparities that remain in terms of the access people have to necessities in South Africa (South Africa 2012:17).

- To change the quality of parenting in a neighbourhood such as Welbedacht East, parents/ primary caregivers needed access to more resources than they had at their disposal. Parent/ primary caregiver access to markets, services, crisis services, and spaces, the four indicators of social inclusion (McDonald 2011; World Bank 2013:6) had to be promoted.
- The 'good enough' parenting indicators were difficult for most parents living in Welbedacht East to attain. It was concluded that assessing the quality of parenting is complex and discriminates against those living in disadvantaged circumstances. A myriad of contributing factors conspire against them and interfere with their ability to satisfy the basic needs of children. They can do little about these issues and therefore it is unfair to label them as not 'good enough'; a point made by North (2013:24).
- Measures of parenting such as 'good', 'good enough', and 'bad' or 'risky' were over-simplified, and mere aggregations of different parenting indicators mostly intended for middle-class groups or settings where parents have opportunities and resources to uplift themselves out of poverty.

Attention will now be shifted to Part 2 of the findings as presented in Chapter Six. The focus in this section was to identify the factors, positive or negative, that affected parenting practices in Welbedacht East. Part 2.1 will be discussed first, namely the participants' perceptions about the factors that challenged parenting practices in Welbedacht East.

9.10 SUMMARY AND CONCLUSIONS: PART 2.1 OF THE FINDINGS – THE PARTICIPANTS' PERCEPTIONS ABOUT THE FACTORS THAT CHALLENGED PARENTING PRACTICES IN WELBEDACHT EAST (CHAPTER SIX)

A range of factors were mentioned by participants as undermining parenting practices in Welbedacht East. The factors were grouped in four sub-themes: inadequate community infrastructure; family structures; social problems; and personal factors. The discussion commences with the first sub-theme, the inadequate infrastructure of the community.

9.10.1 Community Infrastructure

The exo-system wherein the parents/ primary caregivers found themselves presented several challenges that affected their ability to care for their children. Isolation/ lack of support/ lack of trust in others; inadequate community infrastructure; lack of affordable transport, housing and poor living conditions; and lack of leadership and inactive community councillors were

external, or distal processes that challenged parenting in Welbedacht East. A summary of each of these is presented, commencing with isolation/ lack of support/ lack of trust.

The absence of close, supportive relationships experienced by parents/ primary caregivers was a common theme that created feelings of isolation, having to manage alone, and not being able to trust others in the neighbourhood were characteristic of meso- system stressors experienced by the parents/ primary caregivers. Relocation to Welbedacht East had separated families. The lack of social cohesion and absence of supportive relationships remained evident, even though most participants had been living there for close to 12 years. Parents/ primary caregivers shared that they had few friends and neighbours that they could turn to for support. One participant called the separation between herself and her family a “dislocation”, describing how her life was disrupted when she moved to Welbedacht East. The experiences shared by parents/ primary caregivers is supported by Sokhela (2006:85), who mentions that relocation to houses in peripheral city locations often harms the relocated beneficiaries. One harmful consequence being the loss of support from family members caused by the inaccessible geographic location of the housing location, as evident in Welbedacht East. The unsafe neighbourhood made parents/ primary caregivers reluctant to turn to one another for support. As reflected in the literature, in the absence of support, parental feelings of insecurity intensified (Van Mourik et al 2016:347). Social support and social inclusion were not generally experienced by parents/ primary caregivers living in Welbedacht East and they therefore did not receive the benefits of healthy opportunities and resources that they should have had as mentioned in Section 2.4 and 2.6.2.

The findings discussed in Section 6.2.1 highlighted the inadequate community infrastructure that parents/ primary caregivers struggled with. The neighbourhood in which they lived offered poor access to services required for promoting the well-being of children. Social services, police, healthcare, and recreational facilities were not locally based. Not even satellite services were offered in the community. Retail stores, markets, banking institutions, police services, schools, and government services, including healthcare, were situated in Chatsworth, experienced by many as too far to reach on foot. The social services advocated in social policies were not trickling down to them. Their perception that parents/ primary caregivers had was that social worker services were directed at children, and in some cases marital issues, when they involved domestic violence. Parents/ primary caregivers felt they had no one to turn to for help with their personal issues, which was something they wished for. The community only had one local school which accommodated 1200 learners from Grade R to Grade 7. Most children in Welbedacht East attended schools that were based outside of the community. In the absence of school transport children either walked to school or their parents/ primary

caregivers had to spend a large portion of their CSG on transport to get them there. Walking the long distances was not safe for the children and the round trip to school and back was approximately a 10-kilometre round trip. The children were exposed to road traffic risks because they mostly walked unaccompanied and there were no school patrols along the route. There was a lack of visible social control in place to manage the illicit social behaviours that occurred in the community. Police services were based in Chatsworth which made residents feel unsafe. As indicated by Paat (2013:960), when people experience the extent of social disorganisation that the participants in this study described, they live in fear and uncertainty, and have to contend with constant stress and disruptions.

The absence of a fully functional healthcare facility in their neighbourhood was a pressing concern. Parents/ primary caregivers could not access local medical services when their children were ill unless they took them to Chatsworth, which had cost implications (public transport). The provincial hospital in Chatsworth was the only place that offered medical treatment, dispensed prescribed medications, offered routine and general medical tests, and rendered medical trauma services. Antenatal services and reproductive health services were provided by provincial and local government public health clinics situated in Chatsworth. Parents/ primary caregivers complained about the long waiting times before being attended to, rude staff, and not receiving the medical treatments they needed. The inaccessibility of the clinics and hospital meant that parents/ primary caregivers delayed taking their children or themselves to the hospital, because of the transport costs.

Recreational facilities were lacking. Parents/ primary caregivers reported a lack of playgrounds or safe areas for their children to play, that there was no library or places that offered residents short courses such as computer literacy, and no sports grounds. They believed that if these facilities were available, their children would enjoy meaningful, safe play, which would reduce their exposure to negative community influences and increase the general happiness and well-being of their families. The value of creating spaces for communities to connect with social networks and experience leisure activities for physical, psychological, and social well-being was discussed in Section 2.4.1.4 and Section 2.6.3. In the absence of such resources, Teixeira de Melo and Alarcão (2011:401) refer to cumulative disadvantage caused when parents are unable to offer their children developmentally enriching experiences, resulting in their children lagging behind their peers, a position difficult to recover from. There were no community structures where residents could congregate and benefit from social support.

The situation was aptly described by one of the community champions who said: “*What is there (referring to the services in Welbedacht East)? Not much. You see the schools are far away... the schools are not nearby. The clinics are not nearby. And those are the most important things. Schools, clinics, even police are not even nearby...*” These issues were mentioned by Sokhela (2006:85), in her study on housing in Welbedacht East in 2006, and she reported too on the absence of economic development and job opportunities within the community. The participants raise that later. It was concluded that no visible developments had taken place in the community since residents took occupation of their subsidized homes.

The challenges of living in a community that was on the periphery of the city was problematic for the parents/ primary caregivers. They had to rely on public transport (Section 6.2.1.3), which for grant recipients was not affordable. Lack of transport impacted on the children’s school attendance, confined families to their homes, and made it difficult for parents when they needed to access government services or healthcare. Affordable transport is considered a basic need for disadvantaged families, because they depend on public transport to access the help or services they need for their children (Bostock 2001:11; Grimes & McElwain 2008:224-225). In several interviews, parents/ primary caregivers shared the difficult decisions they had to make, to either use public transport to get to where they needed to be, or buy a loaf of bread to feed their families.

Housing and living conditions were a challenge for many parents/ primary caregivers, as discussed in Section 6.2.1.4. Most of the participants were beneficiaries of government subsidised low-cost houses that were small, one-roomed dwellings. The homes were overcrowded, offered family members little privacy, and exposed children to inappropriate adult behaviours. Stories of the premature sexualisation of children were mentioned, which they attributed to children being exposed to adult behaviours that they imitated. The homes were poorly constructed and constantly needed to be repaired, which they could not afford to do. There were parents/ primary caregivers who lived in informal shelters without water, sanitation, or electricity. The water and electricity services of some parents/ primary caregivers was disconnected, because of unpaid municipal accounts. A study in the Eastern Cape found that the poor quality and designs of the low-cost houses affected the beneficiaries’ self-esteem, health, sense of identity and belonging, and excluded them from economic and civic participation (Manomano 2018:33), descriptions that were offered by participants in this study.

The lack of infrastructure and inadequate services were exacerbated by poor leadership and inactive community councillors in Welbedacht East. The descriptions shared by parents/

primary caregivers were like those reported in Nel and Roestenburg's (2004:119) study. Participants were frustrated by not being able to depend on community leadership to represent their interests. It is acknowledged that when parents have to put up with services that are not reliable, accessible, or responsive to their needs, they suffer severe and prolonged material deprivation that seriously undermines their ability to be 'good enough' parents (Katz et al 2007:21; Taylor et al 2000:1150).

It was noted that the family structures of parents/ primary caregivers living in Welbedacht East were not stable. Their concerns about family structures are summarised in the next section.

9.10.2 Family Structures

The next sub-theme that was discussed in Chapter Six was the family structures that were typical in Welbedacht East (see Section 6.2.2) had deleterious consequences for parenting practices. Most households did not have strong, in-tact family systems. The benefits of family systems for child well-being were discussed in Section 2.6.2. Participants described the structures of the Welbedacht East families as fractured or disjointed. Teenage mothers, single parent households, fathers who abandoned the mothers and their children, and promiscuity were mentioned as common family issues that affected parents' responsiveness to their children. This is not unique to this community, as evident in the literature which confirmed that many children in South Africa are abandoned by their fathers. Mothers and children receive little financial or caregiving support from fathers (Budlender & Lund 2011:928; Sewpaul & Pillay 2011:291; Van Zyl et al 2015:151).

Teenage pregnancies and teenage mothers were reported to be common within the community, and the young girls often had more than one pregnancy. Many of the young mothers dropped out of school. In many instances the teenage mothers were the daughters of women who themselves had been teenage mothers. The teenage mothers had no means of providing financially for their children and relied on their parents and the CSG to take care of them, as reported in the White Paper on Families in South Africa (2013).

The association between the high rate of teenage pregnancies and infant abandonment is mentioned by Van Zyl et al (2015:151) and explains why the parents/ primary caregivers were concerned. The rate of single parents in Welbedacht East was higher than national figures (eThekweni Municipality 2013:20). The negative effects of children growing up without fathers is said to impact on the emotional, social, cognitive, and emotional development of children (Atilola 2014:3; Sewpaul & Pillay 2011:292). Two male community champions were concerned about children growing up without having contact or support from their fathers. One mentioned

that in the absence of supportive relationships for the mothers, the mothers behaved promiscuously, having multiple sex partners. The impact was that children in one household were conceived by different fathers. The correlation between sexual promiscuity and alcohol and substance abuse was mentioned. Inadequate education about sexual health matters and lack of family planning were contributing factors to teenage pregnancies. According to the participants, the unplanned pregnancies meant that the parents had more children than they could afford to care for, which led to children being neglected.

Social factors that affected the parents'/ primary caregivers' ability to care for their children are discussed next.

9.10.3 Social Problems

Social problems that impacted negatively on parenting practices were discussed in Section 6.2.3. The issues that were mentioned were the high incidence of poverty, crime, unemployment, and substance abuse which impacted on parents/ primary caregivers and the quality of their parenting practices.

Poverty was an overwhelming issue for parents/ primary caregivers, recognised as responsible for the escalation of social problems in Welbedacht East. The psychological stress parents/ primary caregivers experienced of not being able to care for their children lead to some parents to becoming so frustrated that they treated their children harshly, in some instances abusing them. It was difficult for parents/ primary caregivers to satisfy the basic needs of their children. Parents/ primary caregivers generally tried to provide for their families by engaging in income generating activities or finding piece work as domestic workers. The concerns of parents/ primary caregivers in this situation were outlined in Section 6.2.3.1.

Alcohol and drug abuse were major community threats (see Section 6.2.3.2). A contributing factor was the prevalence of shebeens and taverns in the community. Parents/ primary caregivers who frequented these places were reported to have 'disconnected' from their children. They spent their grants on liquor instead of food and were distant and inattentive to their children's needs. As explained by Chang et al (2018:141), when parents/ primary caregivers do not have the personal or external resources they need to cope with their challenging circumstances, they resort to negative coping strategies, such as substance abuse and intimate partner violence, which diminishes the quality of care they offer their children. Abusers of alcohol were blamed for child abuse and rape, a prevalent social issue in the community. The contravention of liquor laws was common, and parents/ primary caregivers were guilty of sending their children to the shebeens to purchase liquor for them.

Modern drugs such as ‘whoonga’ were openly available in Welbedacht East and drug users and sellers displaced children from the only public playground based in the centre of the community. The open use of substances in public places made it difficult for parents/ primary caregivers to preach abstinence from alcohol and drugs.

The level of community crime experienced in Welbedacht East was described as violent. It included domestic violence, sexual abuse, and the abuse of children (Section 6.2.3.3). Whether these crimes were experienced directly or indirectly, participants’ sense of vulnerability was high. The intersectionality of poverty and aggression (Eamon 2001:261); the enactment of violence by others and participants’ frequent exposure to it (Holborn & Eddy 2011:11); and the co-occurrence of drug and alcohol abuse and crime and victimisation (Holborn & Eddy 2011:13) as presented in the literature offered possible explanations of why the violence was so noticeable in Welbedacht East. In the absence of policing and low community social order, parents/ primary caregivers struggled to protect their children.

The final factor mentioned in Part 2.1 of the findings was the category of personal issues that parents/ primary caregivers struggled as presented next.

9.10.4 Personal Factors

The findings in Part 2.1 that highlighted the personal factors that affected parenting practices in Welbedacht East, were outlined in Section 6.2.4. The factors mentioned were parental apathy/laziness, the lack of hope amongst parents/ primary caregivers, their personal experiences of receiving poor parenting whilst growing up, and their lack of education. These factors were situated in the micro-system and discussed in Section 2.6.1.1b.

Some participants referred to the apathy and laziness of parents/ primary caregivers which was evident in their failure to ensure that their children were properly fed, that behavioural limits were set to regulate their children’s social behaviour, and their children were motivated to adopt healthy values, which meant their children did not attend school regularly and were unprotected from exposure to substance abuse. The apathetic parents were described as having a “don’t care” attitude which weakened parent-child attachments. One participant understood the complexity of the problem and explained the circumstances in which the parents/ primary caregivers found themselves as “dehumanising”. Another parent/ primary caregiver shared her own experience of being trapped and was unable to foresee herself as ever being able to work her way out of Welbedacht East. Sources such as McDonald (2010) and the World Bank (2013:53) caution that apathy is often misinterpreted. It should be understood as a form of depression brought on by a sense of hopelessness, rather than a

personal characteristic. Authors Nhedzi and Makofane (2015:363) confirm that in the presence of poverty and powerlessness, hopelessness, passivity and pessimism prevail. Under these circumstances it is difficult for parents/ primary caregivers to respond to their children's needs.

Some parents/ primary caregivers were the victims of intergenerational patterns of negative parenting practices themselves and bore emotional scars. It is stated that when parents have had troubled backgrounds whilst growing up, they are more likely to reproduce the negative parenting behaviours in their relationships with their children that they had experienced (Crawford 2011:25; North 2013:25; Woodcock 2003:93). Intergenerational patterns of parenting were explained in Section 2.6.1.1b. Concern was expressed about how parents/ primary caregivers who had never been protected by their own parents would be able to provide their children with a positive parent-child relationship, not having any idea of what such a relationship should be. The stories shared by parents/ primary caregivers contradicted this. Several parents/ primary caregivers explained how they had done all they could to break those patterns so that their children would enjoy a better childhood than they had experienced growing up. As noted by Van Zyl et al (2015:163), parents who have experienced unhappy parenting do resolve to give their children that which they themselves never had which helps to break the intergenerational patterns of poor parenting. Mapp (2006:1293-1294) confirms that breaking intergenerational patterns of parenting occurs when parents are able to recognise their personal experiences of growing up and consciously break the negative patterns.

The lack of education amongst parents/ primary caregivers was a common challenge. Many blamed their parents for their low levels of education. For some participants the problem lay in the African belief that education, particularly the education of a female child, was not important. They had been allocated chores when growing up that were prioritised over schoolwork. Now, finding themselves in the modern world, they struggled to care for their families and could do little to improve their socioeconomic circumstances. Their low levels of education precluded them from enrolling for educational programmes to improve their job skills and lead them to reasonable employment opportunities that would elevate their status (Botha-Verhage & Jacobs 2017:201; Holborn & Eddy 2011:2; Jordan et al 2014:393).

In the absence of supportive partners or close friends and family, parents/ primary caregivers struggled alone which, as noted by Sousa (2005:177), causes parents to become insecure (Walker 2006:45). It appeared that this was an issue amongst parents/ primary caregivers in this study who were reported to take their frustrations out on their children.

This concludes the discussion of the themes related to the factors that challenged parents/ primary caregivers in their roles as parents.

9.10.5 Conclusions of Part 2.1 of the Findings

The realities that the parents/ primary caregivers living in Welbedacht East had described were in stark contrast to Atilola's (2014:4) position that neighbourhoods should offer children stimulation, care, and nurturing, and provide positive behavioural role models to offer children opportunities to internalise prosocial values. The descriptors of issues faced by local parents/ primary caregivers were typical of those that were described by Botha-Verhage and Jacobs' (2017:213) in their study on multi-problem families. The parents/ primary caregivers struggled financially, had poor support systems, their houses were overcrowded and in poor repair, and the peripheral location of Welbedacht East challenged them to access the resources and opportunities they needed for the healthy development of their children. The participants' perspectives of the impact that poverty had on parenting were similar to those mentioned by Waldegrave (2005:270): the children experienced poor nutrition, had inadequate or unresponsive interactions with adults, lacked stimulation, and were poorly protected from internal and external threats to their safety.

It was concluded that the lack of formal and informal resources that were available to parents/ primary caregivers in Welbedacht East undermined parenting practices. Being under-resourced meant that parents/ primary caregivers had fewer economic and social opportunities to advance their families, their neighbourhoods produced fewer suitable role models for their children, and supervision and monitoring mechanisms for the protection of children were inadequate. As supported in the literature, these contribute to negative outcomes for children (Eamon 2001:260; Prinsloo & Ovens 2016:74; Prinsloo & Wilson 2017:378; Visser et al 2015:113).

Ironically, as noted by Butler et al (2012:523), it is usually the vulnerable families who are most in need of supportive services, yet they are the least likely to be unable to access them as was evident in this study. Without resources to support them, they struggled and, as mentioned in Hope and Van der Merwe's study (2013:320), they experienced a downward spiral of losses that left them feeling powerless and unable to control their lives. According to Ben-David and Nel (2013:421), social exclusion and disempowerment develop into hopelessness and a lowering of expectations which explained why parents/ primary caregivers were perceived to be apathetic and lazy. The parents/ primary caregivers were a socially excluded group who struggled to access the quality education, healthcare, security, and employment that are taken for granted resources amongst affluent parents. The children born

to the families living in Welbedacht East were born into an unequal society and would struggle to move out of poverty, suggesting that their children would in turn suffer the same fate (World Bank 2013:146). The discrimination they that parents/ primary caregivers and their children suffered would be difficult to reverse.

The parents/ primary caregivers of Welbedacht East relied mostly on their personal initiatives to address the challenges listed above. They had to resolve their economic challenges, find opportunities and resources for their children to be educated, and improve their income generating skills on their own. Welfare income was their main source of revenue and was insufficient to meet the basic needs of their children.

It was concluded that parenting capacity in Welbedacht East was context-driven, mostly determined by the circumstances the parents/ primary caregivers found themselves in, as positioned by Crawford (2011:24) and Horwath and Lees (2010:83). Living in a LSEE meant that they parents/primary caregivers were more likely to be categorised as 'risky' or 'bad' parents, not through any fault of their own, but because of the limited control they had over the influences their neighbourhood exerted on their families (Choate & Engstrom 2014:372; Woodcock 2003:101).

The status quo was not all negative. There were a group of parents/ primary caregivers who held onto hopefulness. Their comments reflected that there was a group of parents/ primary caregivers who wanted to ensure that their children's futures would be different to their own:

- *"I want to be better for them. Not the way that we had to grow up."*
- *"I would never abandon my children. I would never make them starve while I was having a nice time."*
- *"I want him to go to school and complete his studies. I want him to do whatever he wants to do when he is finished. It does not matter what he wants to be."*

They were committed to giving their children that which they had not received from their own parents/ primary caregivers. "Hopefulness" kept several parents/ primary caregivers motivated to address their personal issues and find productive ways to manage the socio-structural issues that affected their lives.

The conclusion was that a satisfactory understanding had been achieved about the factors that challenged parenting practices in Welbedacht East. Part 2.2 of the findings, protective

factors and community resources that parents/ primary caregivers accessed, will be discussed next.

9.11 SUMMARY AND CONCLUSIONS: PART 2.2 OF FINDINGS – PROTECTIVE FACTORS AND COMMUNITY RESOURCES THAT PARENTS/ PRIMARY CAREGIVERS ACCESSED (CHAPTER SIX)

The summary of the findings related to the question asked about to whom or where parents/ do primary caregivers turn for help with parenting issues were arranged into two sub-themes: protective factors and the reasons why the available resources were/ were not utilised by parents/ primary caregivers. A summary of protective factors is presented first.

9.11.1 Sub-theme 1: Protective factors

The sources of support identified by the participants included family, informal community-based leaders, religion, and a selection of formal and informal resources that were available. The discussion of family as a source of support is presented first

For those who had links with their families, they reported their families as their most important source of support. This was noted in the literature control too (Katz et al 2007:9; McArthur et al 2010:15). The African participants explained that turning to family for guidance rather than others, was a culturally expected practice because family matters were considered private matters, as was confirmed by Mathebane (2016:171) who maintains that family privacy continues as a traditional African family philosophy practiced amongst African families (Mathebane 2016:171).

The community champions pointed out that unless the family members of parents/ primary caregivers lived in one household, unfortunately, they did not receive family support. Relocation to Welbedacht dissolved family ties. The distance between the parents/ primary caregivers and their family members was too great and the lack of affordable public transport made it difficult for parents/ primary caregivers to maintain regular contact with their extended families. Several authors (Hope & Van der Merwe 2013:321; McDonald 2011; Sousa 2005:166) confirm that families living in LSEEs are typically isolated or detached from supportive relationships and motivates that is why networks of support should be established for the vulnerable, at-risk families in their communities.

Some female community champions, residents of the neighbourhood, were identified as valuable sources of support to the parents/ primary caregivers who approached them for

assistance. They rendered motherly guidance to families, informed them about resources they could access, and accompanied them to service organisations when professional services were indicated. These women were trusted by the younger women who respected them for their maturity, positive reputation and resourcefulness. This confirmed the benefit of informal networks of support mentioned by Kasiram and Oliphant (2014:59) and Sousa (2005:166), who acknowledge that significant community members become valuable substitutes in the absence of 'extended family'. An advantage of informal sources, as shared by Katz et al (2007:9), is that informal helpers do not make parents in LSEEs feel as incompetent or judged as when they must approach formal services.

A popular enabling factor for parents/ primary caregivers in Welbedacht East, identified in the findings, was religion. Religious organisations ministering in Welbedacht East not only addressed spiritual issues, but provided food parcels, set-up child outreach programmes, and offered families spaces to interact with others. Participants reported that being prayed for by others gave them spiritual strength which enabled them to manage their problems. The values of religion are mentioned by Kasiram and Oliphant (2014:59), who observe that spirituality promotes intrapsychic and interpersonal growth. Authors Koen et al (2013:348) state that spirituality is associated with increased family contentment. However, the community champions were more cynical and positioned that parents/ primary caregivers attended religious gatherings to receive social relief rather than spiritual guidance.

A list of community resources, formal and informal, was compiled and reflected 22 different organisations/resources. The information gathered was largely contradictory, suggesting the services/resources mentioned were neither well-coordinated, nor well-marketed. Lack of information about services is presented as the main reason why families fail to receive help (McArthur et al 2010:20). Amongst the listed resources, the Chatsworth Child and Family Welfare Society and the primary health clinic temporarily housed at the Ashram (this health service was terminated during the study) were the most utilised services. Other valued resources included the daily meals delivered by the Ashram intended for the children, and the mobile health clinic. Faith-based organisations were an appreciated resource mentioned by several participants, because they offered parents/ primary caregivers and their children support.

9.11.1.1 *Conclusions reached about protective factors available to parents/ primary caregivers*

Relatively few protective factors were mentioned by participants. This confirmed that parents/ primary caregivers were under strain and under-supported. The three enabling factors that

were identified by the participants for supporting parents/ primary caregivers in Welbedacht East were: family, informal community leaders, and religion.

- **Family** – Those parents/ primary caregivers who lived in close geographical proximity to their families were fortunate, as they relied on them to support them in their parenting roles. The researcher concluded that whilst the provision of housing had been intended to improve the quality of living amongst the poor, an unintended negative outcome was the loss of social support; an important enabling element for parents/ primary caregivers.
- **Informal community leaders** – Informal community leaders compensated for the loss of family support. Their maturity, life experience, knowledge of resources, and willingness to offer advice and support were a positive substitute for the lost family connections. The researcher concluded that informal community leaders have a valuable role to play in supporting parents/ primary caregivers living in LSEEs where resources and services are lacking. Developing the roles of these informal helpers has merit (Doherty & Beaton 2000:154; Grimes & McElwain 2008:228; Rojano 2004:73).
- **Religion** – Religion was a protective factor for parents/ primary caregivers and offered parents/ primary caregivers living in Welbedacht East three effective forms of support. On a psychological and emotional level, the strong belief system of parents/ primary caregivers and communal prayers reduced their feelings of hopelessness and despair. Religion provided much needed support and a sense of belonging, enabling factors needed by those living in LSEEs. The third benefit was that several religious organisations in Welbedacht East included social services in their ministry and offered parents/ primary caregivers practical help such as feeding schemes, grocery parcels, additional tuition for their children, youth programmes, and special celebrations such as Mother's Day, Women's Day, and Christmas. The parents/ primary caregivers benefitted from these practical services. It was concluded that religion was one of the enabling factors for parents/ primary caregivers in Welbedacht East and the faith-based organisations played a positive role Welbedacht East.

In summary, the researcher concluded that the community was under-resourced, and the lack of knowledge identified regarding the available resources was a typical barrier, commonly amongst vulnerable families because of their isolation and limited social opportunities caused by the socio-spacial contexts they find themselves in (Katz et al 2007:4; McArthur et al 2010:20). The healthcare, schools, and police services available to parents/ primary caregivers were too sparse to address the community's demands. Services critical for the upliftment of the care of children, such as maternal and child healthcare, early education, and childcare, as advocated by McDonald (2011), were lacking. Most services that the parents/

primary caregivers were expected to use were based outside the community. Without affordable transport these services remained inaccessible to parents/ primary caregivers.

The second category discussed under Part 2.2 was the reasons why resources were or were not utilised by parents/ primary caregivers in Welbedacht East, and as discussed next.

9.11.2 Sub-theme 2: Resources

Two categories emerged from sub-theme 2:

- The extent to which parents/ primary caregivers utilised resources.
- The barriers that prevented them for making use of resources.

The consensus was that the resources identified were relatively underutilised and the barriers to resource utilisation were examined.

One of the structural barriers to receiving the help that parents/ primary caregivers needed was that the services were inaccessible. The location of services largely determines the extent to which they are utilised (Katz et al 2007:4; McArthur et al 2010:11; Wessels 2012:44) The cost of public transport in Welbedacht East was high, walking was unsafe, the distance from Welbedacht East to Chatsworth just too great to cover on foot, and parents/ primary caregivers had no one to care for their children when they visited service providers. Emergency services were difficult for the residents to access, because they were in Chatsworth. In addition, crime, particularly serious crimes such as rape and child abuse, went unreported because police services were based in Chatsworth. The response times of the ambulance services was too long and in the absence of local medical attendants, community members had to manage medical emergencies themselves.

The modus operandi of service providers resulted in some parents/ primary caregivers choosing not to make use their services. Participants complained that the appointment systems imposed by service organisations meant parents/ primary caregivers could not get help when they most wanted or needed it. Multiple visits to services situated outside Welbedacht East were costly. Long waiting times at police stations, welfare offices, pension offices, Home Affairs, and health clinics were the norm. These barriers to services are acknowledged by other authors as affecting disadvantaged parents (McArthur et al 2010:21).

Participants did not appear to understand the process of counselling and expected faster solutions to their problems. When finally seeking help, parents/ primary caregivers were only committed to once-off visits. These once-off visits to resources failed to provide the relief or

direction parents/ primary caregivers were expecting and seldom effected change which reduced their motivation to seek help for problems later. It was not uncommon for parents/ primary caregivers to interrupt treatments that required follow-ups, which in the case of some medical situations presented health risks. Defaulting on ARV and/or tuberculosis treatments were examples. Protocols that had to be followed to register births and deaths and make application for identity documents or social grants were reported to be costly, complicated, protracted, time-consuming and often necessitated multiple visits to submit documentation. Failure to complete the process precluded families from benefitting from governmental services such as healthcare, education, and social support. The frustration caused by the runaround and the inflexibility of the administrators processing their applications are described by McArthur et al (2010:23-24) as being amongst the reasons why people do not make use of available services.

The community champions suggested that parents/ primary caregivers were often reluctant to seek help when it was needed. Their expressions illustrated the reluctance of the parents/ primary caregivers, as demonstrated by the following quotations:

- *“They don’t know about these services, but they also don’t seem to want to know about them.”*
- *“They find excuses every time.”*

As mentioned previously, the community champions perceived parents/ primary caregivers to be stubborn, lazy, and disinterested in improving their situations, which is why they did not make use of services. However, Katz et al (2007:8) observe that those living in poverty do not actively seek help, because they are stressed and depressed. Framing it differently, McArthur et al (2010:16) observe that some people have a strong need to be self-reliant, and do not like to rely on external help, perceiving doing so as a weakness. The community champions reasoned that parents/ primary caregivers were lazy, and the CSG had made them overly dependent on others for resolving their issues. This issue has been debated by several authors (Chikadzi & Pretorius 2011:262; Hölscher et al 2009:18; Nhedzi & Makofane 2015:363). Some contend that the provision of social grants has helped to alleviated certain historical disparities amongst South Africans (World Bank 2013:232). Amongst mention the improvements the CSG have made on families, Tanga and Gutura (2013:128) observe increased food security in homes, parents investing in their children’s education and taking more responsibility for meeting their children’s school expenses and purchasing school uniforms, and the increased bargaining power that women have in their homes.

The fear of being stigmatised for lacking personal capacity to resolve family issues was one of the deterrents reported that prevented parents/ primary caregivers from seeking help. Fear of stigma is a commonly recognised barrier for parents/ primary caregivers needing services (Katz et al 2007:8; McArthur et al 2010:22). Their fears of being labelled or mocked by others explain why parents/ primary caregivers did not want to request assistance from existing services. This was further supported by findings that explained why African parents of Down syndrome children were reluctant to seeking help (Mathebane 2016:181).

Complaints about the quality and nature of the social work services parents/ primary caregivers received added to reasons why social work services were poorly utilised. Parents / primary caregivers complained that the services were not well-advertised, and the names of the service organisations were misleading. By example, Child Welfare and the Department of Social Development offered no clue that their services included interventions for strengthening families. Secondly, the presence of social workers in the community was not felt, people did not know about them, and their visits were infrequent, and this was because they were not based in Welbedacht East. They complained that social workers failed to follow up on cases that community members had reported. Clearly, social services were not well-integrated in Welbedacht East. Social workers in South Africa, as noted by Jordan et al (2014:396), are under enormous pressure. Their high caseloads and the funding reductions have imposed financial constraints on welfare organisations which has affected service delivery. Fragmented service delivery and inadequate servicing of peri-urban areas such as Welbedacht East are the reported outcomes (Jordan et al 2014:396). Cases of child abuse or neglect are prioritised, and preventive services are seldom offered (Nhedzi & Makofane 2015:369; Strydom 2013:513; Strydom et al 2017:158). The services that parents/ primary caregivers received were often not what they needed or wanted. This finding was consistent with findings from other studies. As reported by Strydom and Tlhojane (2008:45) and Mathebane (2016:178), even when families required poverty alleviation interventions and/or psycho-social counselling, social workers offer the services they are most comfortable with. Finally, the officious manner that social workers or other service providers adopted when interacting with parents/ primary caregivers was presented as the third deterrent in this section. The attitude of social workers was presented as undermining the supportive relationship that the parents/ primary caregivers needed to feel free to disclose their real concerns. This too is mentioned as a barrier for parents in need of social services by the literature consulted (McArthur et al 2010:21-22; Strydom et al 2017:157-158).

The potential risks that parents/ primary caregivers exposed themselves to when seeking help was a further barrier mentioned and was consistent with the findings of McArthur et al's study

(2010:23). The fear of children being removed and taken into statutory care was a commonly cited reason. It was also acknowledged that when perpetrators of abusive acts suspected that they may be reported by parents/ primary caregivers, they often threatened to retaliate. Such intimidation was responsible for episodes of abuse not being reported and the perpetrators never being held accountable for the actions and those who were victimised never receiving the trauma counselling treatment they needed. Finally, participants shared that there was a general perception that neighbours were malicious and interfering, and falsely reported parents/ primary caregivers to social workers. Accordingly, parents/ primary caregivers were reluctant to disclose anything personal about their situations to most outsiders.

9.11.2.1 *Conclusions reached about the resources available to parents/ primary caregivers*

It was evident that parents/ primary caregivers had few resources that offered them support to manage their parenting challenges. The informal sources and voluntary organisations, particularly the religious organisations, offered the parents/ primary caregivers the most support.

The geographical distance between the services and the parents/ primary caregivers deterred them from seeking professional assistance. The parents/ primary caregivers confirmed that, as observed McArthur et al (2010:11), the amount of money they had at their disposal determined the services they could access. As most parents/ primary caregivers were affected by poverty, money was spent on survival, which meant they were reluctant to spend money on transport. The researcher concluded that decentralised services were critical for vulnerable communities.

Preserving personal pride was particularly important to parents/ primary caregivers in Welbedacht East. Therefore, as advised by Katz et al (2007:9) they had to be offered in such a way that they did not make recipients feel belittled or discriminated against. The authors recommend that service users be treated as active help seekers instead of inert recipients, making sure they receive the services they need, and their dignity is protected in the process. Introducing preventive services, something the community had requested from service providers but never received, was one of the ways professional services could be introduced to them without their having to defend themselves for not being successful in managing their personal issues.

Interrupted or intermittent use of services had negative implications, not only in terms of their cost-effectiveness, but also in terms of the risks it posed to those who did not fully commit to

their treatments. Funding cuts require serious rationalisation of the nature of health and welfare services for families. The planning of interventions for vulnerable groups should include them, so that their opinions about what and how it should be presented are taken into consideration.

9.11.3 Conclusions of Part 2.2 of the Findings

There were relatively few protective resources that parents/ primary caregivers turned to for assistance. This suggested that they mostly dealt with the stressors of parenting alone since many had lost strong ties with extended family members, and social cohesion and trust in the community was low. Family, informal community leaders and FBOs were the resources that parents/ primary caregivers felt most comfortable accessing.

Resources that were available for parents were underutilized. Multiple reasons were offered as to why:

- Parents/ primary caregivers did not know about the services they could access.
- It was difficult to access services because they had to take public transport to reach them
- Their services they received did not address their needs.
- The operational processes of the welfare services were not service user friendly. An appointment system was used rather than the drop-in service that parents/ primary caregivers wanted. As a result, they did not get the help when they most needed it, nor when they had accumulated the resources to attend.
- It was costly for them to access the services, and it was impractical for them to engage in extended therapeutic services.
- Making application for state provided resources were complicated, inflexible and bound up in bureaucratic red-tape which resulted in them not completing applications because they were put off by the officiousness and the expectation that they had to make multiple visits to satisfy the requirements of their applications.
- They were sensitive about how they were treated and perceived by service providers and wanted to avoid being further stigmatized.
- Getting help offered risks: getting caught up in the welfare system that had power to remove their children or exposed them to retaliatory responses from those they sought refuge from.
- Lack of trust in others made it difficult to reach out to both formal and informal services

The researcher concluded that oppression and exclusion meant parents/ primary caregivers prevent those who need the services the most from receiving them. Parents/ primary

caregivers did not get to negotiate the services they needed on their terms and many went without them. The amount of money parents/ primary caregivers had at their disposal would remain the biggest determiner the nature and quality of services they could access. Their personal pride was important and for African parents/ primary caregivers asking others for help on personal matters was difficult, which places the onus on service providers to win their trust and make them feel accepted. Preventive services would help to introduce parents/ primary caregivers to family strengthening interventions and increase social support, cohesion and linkages with service providers. It was something they had requested but never followed up on. The researcher concluded that it is not feasible for disadvantaged peripheral communities to have to travel to receive, welfare and health services.

Part 2.3 of the findings, as addressed in Chapter Six, will be presented next.

9.12 SUMMARY AND CONCLUSIONS: PART 2.3 OF THE FINDINGS – CULTURE AND ITS INFLUENCE ON PARENTING PRACTICES IN WELBEDACHT EAST (CHAPTER SIX)

Research participants were asked about the extent to which culture influenced parenting practices in Welbedacht East. There were three emergent sub-themes. The first was that culture did not affect parenting practices. The second was that there were several cultural factors that did influence parenting practices in Welbedacht East. The final sub-theme represented that e positive outcomes that race and culture had on parenting practices.

9.12.1 Sub-theme 1: Culture Does Not Affect Parenting Practices

For some, culture was not an obvious factor that impacted on parenting in Welbedacht East. Participants shared that Westernisation and the media played a more influential role in influencing parenting practices than culture. Others noted that many parenting practices practiced by different cultures were universal and based on common parenting principles. The families living in Welbedacht East were culturally diverse and over time the influence of culture on parenting practices had declined. The last set of opinions noted that it was inappropriate to associate parenting problems with specific cultures, because the social issues observed in Welbedacht East were of universal issues, not restricted to Welbedacht East alone.

Participants noted that cultural practices were blending as several cultures lived in close proximity in Welbedacht East. Some parents/ primary caregivers acknowledged they had lost their knowledge and understanding of their cultural background. Westernisation, particularly the influence of social media, had dissipated cultural influence on many aspects of social life,

including parenting. The participants' perspectives reflected were supported by literature (Bornstein 2015:3; Rodriguez-JenKins 2014:319). As explained by Rodriguez-JenKins (2014:319) through the dynamic interplay of ecological factors, traditional culturally bound values change. Parents/ primary caregivers acknowledged religion as holding a stronger influence on parenting practices than culture. It was explained that a belief in a higher power influenced parenting values and an example was given of how the Church had influenced parents to create opportunities for to communicate with their children. It is stated that religion is a possible vessel for strengthening parenting practices particularly amongst parents located in LSEEs (Crawford 2011:25; Sullivan 2008:164). The next perspective presented was that even though parents/ primary caregivers living in Welbedacht East were culturally diverse, they shared the desire to raise well-adjusted children. Application of cultural values by parents/ primary caregivers in their parenting, even though they were of different cultures, would achieve similar outcomes, because essentially positive parenting practices were considered by some participants to be universal. The participants' reasoning was consistent with the concept of universally accepted parenting principles motivated by Bornstein (2012:216) and Ebot (2013). Finally, whilst contemplating the 'bad' parenting practices that resulted in child abuse and neglect in the community, participants reasoned that these should never be attributed to race and culture, because people of all races and cultures were equally affected by them. As indicated by Le et al (2008:168), social disadvantage across ethnic groups develops into a 'culture' that undermines parenting practices.

9.12.2 Sub-Theme 2: Culture Does Influence Parenting Practices

The community champions felt more strongly than the parents/ primary caregivers that culture, particularly African culture, influenced parenting practices in Welbedacht East. The community champions believed that African parents offered children less structure and supervision; demanded higher levels of respect from their children, which created emotional distance between parents and children; engaged in fewer nurturing behaviours; used harsher, more punitive forms of discipline; and practiced several cultural traditions which affected children. The notion that culture does mediate parenting behaviours is supported by several authors (Azar & Cote 2002:45; Azar et al 2005:45; Bornstein 2012:212; Cauce 2008:227; Rosa & Tudge 2013:254) as discussed on Section 2.6.1.1b and 2.6.4.3. The findings related to each of these points are presented.

African parents were perceived to offer less structure and routine in the child's life and placed less emphasis on parental supervision. This perspective was inconsistent with ethnic parenting research findings (Zarnegar 2015:45). Usually Western ideas of parenting are recognised to encourage the independence of children, and allow them to make choices, as

espoused in Western values of personal rights and freedom (Bornstein 2012:213; Zarnegar 2015:45). In contrast, the same authors position that African cultures are more preoccupied with promoting a collective consciousness (Bornstein 2012:213; Zarnegar 2015:45). However, findings related to Lanza and Taylor's (2010:540) research link poor routine and structure to socioeconomic environment in which children are raised rather than culture. Those children growing up in LSEES in urban communities are recognised as having less structure and routine in their lives, which suggests that the contextual realities of these families plays the larger role in determining structure and routine.

African parents' expectations of respect from their children were noted by both parents/primary caregivers and community champions as commonly practiced by the African parents living in Welbedacht East. As explained by several authors, African cultures do expect more respect and social courtesy from their children in contrast to individualistic cultures (Bornstein 2015:3-4; Ebot 2014:143-144; Zarnegar 2015:45). This explanation supports the observations of the participants that the parent-child relationships amongst the African parents and their children were more formal and distant than those of other race groups. They presented that this African parenting value had unintended negative consequences. It placed children at greater risk of unplanned pregnancies and sexual health risks, such as STIs, because African parents considered it inappropriate and disrespectful to discuss sexual matters with children. When children are not forearmed with information, they cannot protect themselves from reproductive health risks and are less likely to inform their parents that they have been raped/abused. The participants' views were supported by Holt et al (2012:288), who consider parent-child distance as being one of the contributing factors to teenage pregnancy.

Linked to the notion of parental distance and respect was the observation that African parents demonstrated lower levels of parental nurturance than other groups of parents living in Welbedacht East. It was a matter of concern, because the perception was that when children lacked nurturing from their parents, they lacked compassion. Whilst some authors speculate that the level of parental warmth is mediated by ethnicity (Moran & Weinstock 2011:174), others consider SES to be a stronger determiner of the level of parental warmth that children receive. As noted by Le et al (2008:165-167), parents who raise children in unsafe neighbourhoods regardless of ethnicity express less warmth towards their children. When parents/primary caregivers experience challenges brought on by poverty, their ability to be emotionally responsive to their children is compromised (McLoyd 1990:311). The risk of low levels of nurturing amongst the families living in the community was linked by one participant to acts of cruelty towards animals. Support was found in the literature for the participant's observation (Lamb & Snodgrass 2013:4; Muller 2013:58; Scannapieco & Connell-Carrick

2002:610). The cited authors explain that children raised in poverty in neighbourhoods characterised by crime and violence begin to normalise and justify maltreatment and violence, particularly in the absence of parental nurturing (Lamb & Snodgrass 2013:4; Muller 2013:58; Scannapieco & Connell-Carrick 2002:610).

African parents were recognised as applying harsher disciplinary measures than parents from other ethnic groups living in Welbedacht East. African parents' admonishments of their children were louder, often took place publically and they were more likely to use corporal punishment to discipline their children. Corporal punishment was presented as an African disciplinary practice that participants explained had been vertically transmitted over several generations. Whilst the practice was abating in response to South African efforts to outlaw it, it had created uncertainty for parents in the community. For African parents, this was the only form of discipline they knew. The African participants, in contrast, perceived parents/ primary caregivers of other races to be too soft on their children. Several sources confirmed this finding suggesting that harsher methods of discipline, particularly corporal punishment, are more widely practiced in sub-Saharan Africa (Atirola 2014:5; Umubyeyi & Harris 2012:458). Socioeconomic and contextual factors are also associated with the nature of disciplinary practices that are used. Parents living in poorer neighbourhoods where crime and other social issues prevail are more likely to apply harsher disciplinary practices, to achieve increased social control over their children and protect them from neighbourhood risks (Cauce 2008:227; Ceballo et al 2008:223; McLoyd 1990:311).

Finally, some African traditions were identified that affected parenting practices in Welbedacht East. Those mentioned were *Ubuntu*, *lobola*, and the parents'/ primary caregivers' preferred use of traditional medicine in treating the child's illnesses. The findings of each are discussed next.

The African community members' expectation of ongoing loyalty and support towards relatives, particularly adult children, was prominent. As described by Sousa (2005:177), *Ubuntu* is a "saving grace" for multiple problem families in South Africa and the evidence was in the discussions of extended family structures that participants were part of. These systems created a safety net for their family members and the older women who headed them were largely responsible for the survival of the children. Household members pooled their resources, provided accommodation to family members who could not afford their own, offered each other emotional support, and shared childcare responsibilities. The older women provided guidance and direction to inexperienced young mothers in the home, which eased the pressure of the single mothers who would have struggled to make it on their own. These

practical forms of assistance identified by participants are mentioned by Sousa (2005:165) too. Several authors described the support of *Ubuntu*, evident in the pooling of meagre resources for the benefit of all, as an acknowledgment that the principles of *Ubuntu* and collectivism remain are still applied today (Mathebane 2016:183; Raniga & Mathe 2011:345; Sousa 2005:177).

An African participant noted that *Ubuntu* in families was waning. A probable explanation for the decline of *Ubuntu* as identified by the participant was that exposure to Western values had influenced youngsters to want their independence. A different perspective is forwarded by Hölscher et al (2009:19), who found that some interviewees in their study perceived the introduction of CSG payments to be one of the factors responsible for the attrition of *Ubuntu*. These themes need to be further investigated.

The extended family system was not perceived as totally favourable by all participants. A concern raised was that older women heading these households bore enormous strain, carrying the responsibility of caring for unemployed adult children and grandchildren, a stated fact in the White Paper on Families in South Africa (2013:19-20). Some parents abandoned their children altogether, leaving them with their parents, and in some instances, grandparents were raising several grandchildren born of different parents. This too was mentioned by Sousa (2005:165), who cautions that when extended family systems present with multiple problems, the positive dynamics as mentioned in the previous paragraph are often replaced with closed, unstable relationships and critical and unsupportive relatives dominate the other family members. Whilst Sousa's (2005:165) descriptions were not corroborated by the findings presented in this section, they were evident in participants' descriptions in other sections of the findings.

Lobola was the second cultural factor raised in terms of its effect on parenting in Welbedacht East. As motivated by a few participants, this practice contributed to the disintegration of African family systems. As they explained by some participants, young men were unable to make these payments and when their girlfriends fell pregnant they abandoned both the girlfriends and their children. As a result, many children had to grow up never having a father to participate in their lives. Some would never know who their father was. This explanation was corroborated by Coovadia et al (2009:823) who noted that since the 1950s, *Lobola* had become an unaffordable practice for many.

Another finding was that African parents in Welbedacht East delayed seeking medical care for their children based on their cultural and religious beliefs. This finding matched previous

studies reporting African parents'/ primary caregivers' use of traditional or folk medicines. The scholarly sources consulted presented the reasons for their popularity as based on psychological, cultural, and economic factors (Atilola 2014:6; Berger 2006:178; Plaks & Butler 2012:145). Traditional or folk treatments were far more accessible for parents/ primary caregivers living in Welbedacht East than orthodox, scientific medical care.

Different cultural groups were seen to adopt different attitudes about the importance of education for children, although some participants conceded that this was changing. Indian parents were perceived to be competitive and drove the educational achievement of their children. Whilst this was confirmed by Lui and Rollock (2013:450), the view of Holloway and Pimlott-Wilson (2014:101) differ. They argued that class rather than race or ethnicity determines the degree of parental support that is given to children's education (Holloway & Pimlott-Wilson 2014:101). In this study the Indian parents/ primary caregivers who shared the same socioeconomic status and geographic location as the African parents made more sacrifices to ensure that their children attended the better schools situated outside of the community. They were more active in ensuring that their children attended school regularly and monitored their school progress more closely. As positioned earlier in this discussion, there is some evidence that the value placed on the cognitive development of children is affected by ethnicity (Bame Nsamenang 2006:296).

The final sub-theme related to culture and parenting practices were the positive outcomes that race and culture were seen to have in terms parenting positively.

9.12.3 Sub-Theme 3: The Positive Outcomes of Race and Culture

The value of culture as a facilitator of positive parenting practices was presented by some of the African parents/ primary caregivers. Their perspectives indicated that when a parent/ primary caregiver embraced their culture, both parent and child developed a sense of meaning in their lives. Remaining in touch with cultural heritage uplifted them in times of hardship, replaced their self-doubt with courage, and connected them to their inner strength. This perspective is like those outlined in preceding discussions about religion offering a powerful antidote to despondency and despair that parents/ primary caregivers living in Welbedacht East were vulnerable to. Some participants acknowledged with pride that they encouraged their children to speak their mother tongue. They believed it connect them to the richness of their cultural heritage. They hoped that their children would discover and connect with their inner personhood and develop a deep racial and ethnic pride. Several sources confirm and explain the value of developing the child's cultural identity. As noted by Ceballo et al (2008:221), there is a connection between levels of parental warmth and ethnic pride.

Secondly, as found by Dykes (2016:25), when family support and strong cultural beliefs co-occur, the resilience and coping mechanisms of children subjected to adverse situations increases.

9.12.4 Conclusion of Part 2.3 of the Findings

It remained difficult to discern the exact impact that culture had on parenting practices in Welbedacht East, because the impact of SES and culture could not be separated. This was not unexpected, as several sources consulted during the literature control prepared the researcher for this outcome (Eamon 2001:261; Hoffman 2010:386; Le et al 2008:163). Multiple factors situated within each of the bioecological spheres combined to influence the parenting practices of the parents/ primary caregivers of Welbedacht East. Some influential factors were located within the macro-system where the effects of social class, ethnicity, religion, and national policies could be identified. Even events that happened in the past, at both local and national levels, which occurred during the parents'/ primary caregivers' lifetimes or even before, affecting previous generations, were linked to their parenting practices.

However, there were findings that were uniquely relevant to this study but they must be interpreted with caution.

- Culture, like religion, was a positive factor that helped to enhance the resilience and self-efficacy of parents/ primary caregivers and their children and protect them from falling into a state of hopelessness and despair.
- The extended family system, an enactment of *Ubuntu*, provided much needed family support for single mothers. Without this, many would not have been able to cope. Pooled resources, assistance with childcare, guidance on how to care for a child, and emotional support provided by the women who headed these households bolstered the parenting practices of the single mothers.

Several parenting practices were identified that were more frequently practiced by African parents. Whilst literary sources cited corroborated that these practices were more commonly linked to African parenting, others offered different explanations, linking them to socioeconomic and neighbourhood factors. As some of these practices were evident in other themes, it is important to mention them. They alerted the researcher to possible cultural adaptations that would need to be considered in the development of the locally specific parenting support intervention. Guided by Lachman et al (2016:2342), the researcher decided

that those that were identified would be used to frame the parenting programme content within the context of what had been discovered about the local cultural context of Welbedacht East. These issues were:

- In terms of the physical health, development and safety category of parenting, the researcher realised that the promotion of routine and structure would have to be revisited with participants before including this theme into the parenting support intervention.
- Similarly, topics normally incorporated in parenting programmes to promote the psychological and emotional development of children such as parent-child play and parent-child communication would have to be reworked to be more consistent with the views of African parents/ primary caregivers.
- The parental role in promoting the basic literacy of children prior to entering school and their support of their children's academic progress would also require further collaboration before developing the parenting programme content.
- The promotion of respect towards elders, teaching children manners, and age-appropriate chores for children were elements of a parenting support intervention that would be emphasised
- Discipline and the use of corporal punishment was a topic that would require more exploration, as several participants were concerned about having to forfeit a form of discipline they considered appropriate for their families.

A realistic appraisal of the contextual and systemic factors that affected parenting in Welbedacht East had been achieved. The second part of findings informed the researcher of the limited resources that parents/ primary caregivers had at their disposal and the risks that they had to contend with. The researcher concluded that the information about culture had provided a meaningful understanding of the diversity of parenting practices in Welbedacht East, even though it was not that conclusive. This conclusion confirmed that the identified concerns has been analysed. This confirmed that the attention could be directed to setting goals and objectives for the locally specific parenting intervention. Accordingly, the summary of the third part of the findings and conclusions reached are presented next.

9.13 SUMMARY AND CONCLUSION OF THE RECOMMENDATIONS FOR THE IMPROVEMENT OF PARENTING PRACTICES IN WELBEDACHT EAST AND THE DEVELOPMENT OF THE AIMS AND TASK GOALS OF THE PARENTING SUPPORT INTERVENTION (CHAPTER SEVEN)

There were two purposes to this chapter. The first was to establish what resources, services, knowledge and skills participants proposed to empower parents/ primary caregivers to improve their parenting practices. The second, was to use that information and engage the parents/ primary caregivers, community champions, service providers, and local government officials in developing the aims and task goals for the locally specific parenting support intervention for Welbedacht East. The findings were presented in a sequence in Chapter Seven. The resources that participants recommended for strengthening parenting practices were presented first, followed by their proposals of topics for inclusion in the parenting support intervention. The emergent issues relevant to the development of the locally specific parenting intervention based on the findings of Chapters Five to Seven were developed into tentative possibilities that the community would have to review about what kind of parenting support intervention they really wanted for their community. This introduced, Part 3.3 of Findings, the setting of goals and objectives for the locally specific parenting intervention. The application of the consultation workshop is discussed as this provided parents/ primary caregivers, community champions, service providers, and local government officials an opportunity to select the type of intervention they considered contextually and culturally relevant to parents/ primary caregivers of Welbedacht East.

The summaries and conclusions reached about the resources parents/ primary caregivers considered relevant to the improvement of parenting practices in Welbedacht East are presented next.

9.14 PART 3.1 OF FINDINGS – RESOURCES RECOMMENDED FOR ENHANCING PARENTING PRACTICES IN WELBEDACHT EAST (CHAPTER SEVEN)

The resources recommended by participants were arranged according to eight sub-themes, each addressing several categories. The sub-themes outlined the resources that were recommended for the Welbedacht East community. They included social work services and programmes, employment and training opportunities, educational facilities for children, recreational facilities, healthcare facilities, housing, transportation, and policing.

9.14.1 Social work services and programmes

The social work services that participants motivated for were remedial interventions, parent education programmes, and parent support groups. Parents/ primary caregivers and their families required counselling services that were accessible and locally situated, to address the multiple stresses they suffered in terms of their lack of resources, loss of personal efficacy, apathy and laziness, and personal issues. Unresolved issues from their past, secrecy, and shame related to family issues such as child abuse and domestic violence, and the lack of support and guidance from others explained their need for social work services. As presented by several authors (Strydom 2012:450; Swick 2008:151; Winkworth, McArthur, Layton, Thomson & Wilson 2010:432), counselling for families living in LSEEs helps them to secure material assistance and social relief, links them to services they need, advances their skills and knowledge, strengthens their personal identities, helps them overcome specific challenges, and provides them with emotional support. The White Paper on Families in South Africa (2013:43) motivates that families at risk should receive therapeutic services that are affordable and accessible, that all victims of abuse and violence should have access to psychosocial counselling, and that parents should be targeted to increase their capacity to manage parenting issues. Social agencies responsible for Welbedacht East were overworked and understaffed, and thus unable to render the basket of services parents/ primary caregivers needed, a common reality in South Africa (Patel 2008:76; Strydom 2012:450; Strydom et al 2017:156).

The next recommendation pertained to the need for parent education. Whilst the efficacy of parent education programmes for disadvantaged parents is questioned by authors, such as Begle et al (2012:57) and Gillies (2005a:71), the participants requested parent education to improve parenting skills and curb child abuse and neglect, as well as alter harsh disciplinary practices in evidence in their community. In addition to parent education, two specific parent education groups were recommended. The first, a parent education group to prepare young men for manhood, is an intervention motivated by Partab (2011:96) and the White Paper on Families in South Africa (2013:40) to assist young men to deal with masculinity in a hegemonic South African context. The second was a parent education group for teenage mothers, another social concern affecting South African families (Holborn & Eddy 2011:3; Van Zyl et al 2015:166; White Paper on Families in South Africa 2013:13). Participants motivated that potential users be consulted about the applicability of any proposed parent education group and potential barriers that could affect their engagement in the programme. This is supported by authors Hall et al (2016:1009), who motivate for “bottom-up” programme development.

Finally, the need for parent support groups was presented. Anticipated advantages of parent support groups were that parents/ primary caregivers would come together, exchange information and advice with one another, and receive support from others who shared similar experiences and needs. Their recommendation was endorsed by Deans et al (2016:17) who note that parenting knowledge is best acquired through a combination of informal and formal networks that meet regularly. The value of support groups for teenage mothers was raised, as supported in the literature (Botha-Verhage & Jacobs 2017:215; Lipman et al 2010:24; Van Zyl et al 2015:166). Participants noted that the success of parent support groups depended upon the barriers that would prevent parents/ primary caregivers from attending and the plans that could be made to overcome them. Several pointers for addressing barriers that effect participant engagement are mentioned by Whittaker and Cowley (2012:145), namely the importance of staying with the needs of members, ensuring that the content presented remains contextually and culturally relevant to them, connecting members to other resources through the groups, and considering the practical needs of members, such as transport and childcare. The recommendation of the parent support group reflected the benefits of increasing social inclusion and extending the support of parents/ primary caregivers beyond the micro-system to the meso- and exo-systems.

Interventions needed to relieve unemployment were presented next

9.14.2 Employment and training opportunities

There was strong agreement that the CSG could not sustain the parents/ primary caregivers and their children. Creation of employment opportunities, skills development, and income generation were proposed as a means of addressing the high rate of unemployment in the community.

The first proposal that was identified was the need to create employment opportunities. Both parents/ primary caregivers and community champions motivated that a regular form of employment would offer parents/ primary caregivers a greater sense of purpose in their lives. It was stated by some that unless employment opportunities were increased, the crime rate would continue to escalate. The unemployment rate in Welbedacht East was higher than the national unemployment rate (eThekweni Municipality 2013:22).

Four suggestions were made: increasing employment opportunities, offering skills development, promoting subsistence living, and initiating income generation activities.

Skills development was recommended by participants to enable parents/ primary caregivers to develop financial independence. This is concomitant to the recommendation of Ndinda (2009:320), who advocates that social workers need to assist unemployed women to achieve financial independence (Ndinda 2009:320). The methods used to do so usually include assisting them to improve their qualifications, creating work experiences for them, linking them to women's organisations, and assisting them to network to introduce them to other stakeholders (Tanga & Gutura 2013:137). These opportunities were not evident in Welbedacht East. Because of their low levels of education, parents/ primary caregivers and their poor chances of securing employment, they needed skills to enable them to augment their incomes.

Training was suggested, not just in terms of teaching them hands-on skills to make things which they could sell, but also in terms of teaching them how to establish a viable income generating project and build it up to be sustainable. The advantages they anticipated were that such opportunities would promote their financial independence through subsistence living activities and engage them in meaningful activities, which would help to distract them from their stresses. The contextual advantage was that such activities would allow parents/ primary caregivers to work from home and look after their children. A wide range of suggestions for different skills that parents/ primary caregivers could be taught were made. These included, computer literacy, gardening, crafts, sewing, and cooking. The importance of assisting families to develop a steady income is one of the strategic objectives referred to in the White Paper on Families in South Africa (2013:41), but as mentioned by others, income generating activities are not as successful as one would hope (Raniga & Ngcobo 2014:524; Strydom & Tlhojane 2008:41). The negative factors associated with them are that those from disadvantaged communities do not usually have adequate education to compete with more sophisticated competitors and their lack of education affects their interactions with their suppliers and customers. They do not have adequate seed funding and this creates cash flow problems which limits their productivity. They struggle to access microcredit to build their businesses and they lack training and skills on how to sustain their efforts. It was noted that income generating activities are within the boundaries of parent support (Daly et al 2015:19; Trivette & Dunst 2014:2).

The third recommendation related to the need to increase educational resources for the children in the community. The summarised comments are presented next.

9.14.3 Educational facilities for children

Educational facilities for children featured prominently in the recommendations made by participants. They motivated for more ECD centres, primary schools, and aftercare.

None of the crèches situated in the community, except for one, fulfilled the Department of Social Development's and the local municipality's required norms and standards for ECD centres and therefore could not be subsidised. Parents had to pay for their children to attend crèches, which many could not afford and so relatively few children attended ECD centres before commencing school, a finding similarly reported by Strydom (2013:513). ECD centres, as presented by Atilola (2014:3), are valuable portals for overseeing children situated in disadvantaged communities. They promote the health, nutrition, early learning, and protection, and should be accessible to all children under the age of seven. Participants motivated that crèches would promote the protection of children because they would be properly supervised when parents/ primary caregivers were absent from the home. Two benefits of affordable childcare facilities in low-income communities mentioned by Strydom (2013:513) are that they offer a respite for women who never have a break from their children and expose children to age-appropriate educational activities that stimulate their intellectual development. The participants were more interested the safety factor of childcare. Concomitant to this was their recommendation for aftercare facilities for children in Welbedacht East.

Aftercare facilities were prosed as services that would benefit working mothers and keep the children safe. They offered possibilities of offering children valuable life skills and exposing them to extramural activities that parents/ primary caregivers could not afford. Some shared that parents/ primary caregivers lacked the competencies necessary for monitoring the children's schoolwork, which was another attraction. The only form of aftercare in the community was the drop-in centre for school children at the Ashram, which offered children a meal, assistance with homework, and extra tuition in maths and physics.

A reoccurring reference in each of the chapters was the need for more schools in the neighbourhood. Participants wanted local high schools for their children. The only school, a primary school, was overcrowded and parents/ primary caregivers were concerned about the quality of education it offered. Most children were forced to attend schools situated outside of Welbedacht East, which was expensive and impractical. Many children walked to school, which was unsafe. The inequity of education based on racial, socioeconomic, and geographic lines (Save the Children South Africa 2015:30) was evident in Welbedacht East.

The fourth recommendation was for recreational facilities and programmes as mentioned in the next section.

9.14.4 Recreational facilities

Recreational facilities were motivated for by both parents/ primary caregivers and community champions. A library, community hall, outdoor playgrounds, and sports facilities were the kinds of resources participants sought for their neighbourhood.

Libraries provide children with age-appropriate reading matter and suitable learning materials, both needed to ensure that children achieve the reading outcomes expected of them at school. In a country where 93 per cent of public schools do not have their own libraries, a local library would compensate for this shortcoming (Save the Children South Africa 2015:30). For parents/ primary caregivers, a local library would be valuable to both the children and they, offering several benefits. It would offer inclusion, provide social opportunities for children, expose children to additional educational programmes such as reading afternoons and programmes of interest. It was envisaged to be a place where children could go and be safe and if locally situated, parents would not worry about them. Similarly, participants recommended a structure such as a community hall that would be a designated meeting space where people could gather and advance the social cohesion of the community. In addition, they suggested an outdoor playground and sports facilities. One of the participants noted that if there were safe playing areas for children, older children could take care of the younger ones offering a healthy form of socialisation for younger children. This is also explained by Bame Nsamenang (2006:295-296), who offers an indigenous perspective that African children are expected to assume social responsibility from an early age, and supervising younger children is a common duty assigned to older ones. If sports facilities were provided in Welbedacht East, participants pointed out that road accidents caused by children playing football in the streets would be reduced. Their children would be able to participate in healthy, organised social activities. The value of community-based recreational places were reported to help mitigate boredom, alcohol and drug use, and participation in gangs, crime, and other destructive activities. The parent/ primary caregivers' views were confirmed in the literature (Booyens & Crause 2012:271; Nel & Roestenburg 2004:121). Unfortunately, as noted by Moore and co authors (2008:16), such facilities are seldom available to those living in low-income communities.

Healthcare facilities are presented next, as the lack of local health services was a concern for parents/ primary caregivers living in Welbedacht East.

9.14.5 Healthcare facilities

One of the most basic human rights is access to healthcare facilities (Plaks & Butler 2012:129). Parents/ primary caregivers recognised this and strongly motivated for a full range of primary

healthcare services and attendant medical personnel in their community so that their children could be treated locally. They wanted an ambulance service and primary health education to teach parents about the importance of hygiene and nutrition for children. According to Save the Children South Africa (2015), the full range of healthcare services needed by children should include prevention, healthcare promotion, and curative, rehabilitative and palliative services. These could only be accessed in Chatsworth. Participants wanted to be able to have access to medical practitioners. It was costly and impractical to take their sick children to the hospital in Chatsworth when they needed medication, or treatment for chronic medical conditions. The demand for primary healthcare services in Chatsworth outweighed the availability, and the mobile clinic and health clinics in Chatsworth were insufficient for the number of people they had to serve. Long waiting times and the rudeness and unhelpful way the staff, who were under tremendous pressure, treated them, were common complaints they shared. Based on these examples, they felt deprived. Healthcare is an area of concern in South Africa, as the lack of capacity amongst health workers, the poor management of facilities, and human resource and financial shortages have impacted severely on service delivery (Coovadia et al 2009:829; Save the Children South Africa 2015:27). It was concluded that parents/ primary caregivers wanted reliable, accessible, well-coordinated, and affordable health services that would make it possible for them to access healthcare services as and when they were needed, instead of allowing health issues to reach advanced stages before they sought treatment (Katz et al 2007; Plaks & Butler 2012:132-137). The participants commented on the lack of preventive parent support services offered to families and believed there was scope for them to be better informed about nutrition, health, and the healthy development of children. Their final recommendation was to be able to access a responsive ambulance service. The response time of the provincial ambulance service was slow, and in some instances never responded to their calls at all.

Of equal importance to participants was the need for their housing issues to be addressed, as will be highlighted next.

9.14.6 Housing

Participants recommended that government officials revisit the issue of housing in their area. Even though 4 500 low-cost houses had been built, the number of people living in informal settlements and the transit camp remained high. Those who were recipients of the low-cost houses wanted the designs of their houses to be reassessed, because they offered their families little privacy and were too small. Their experiences were confirmed by another study on housing that found that 92 per cent of the respondents described the housing they had been given as inadequate and 87 per cent complained that the houses were too small

(Manomano & Tanga 2018:29). Lack of privacy and small living areas are known to contribute to stress (Newman 2008:904), as was reported by participants.

A major barrier that participants experienced was the lack of affordable public transport. It too was considered a necessity for parents/ primary caregivers, as will be presented next.

9.14.7 Transportation

Transportation, an indicator of social inclusion, was a service that participants motivated for. They needed affordable transport to get their children to school and back, and to reach healthcare facilities, government departments, and shopping areas more easily. Access to transport is reported to correlate with the quality of family life (De Goede & Greef 2016:320), which was evident in the findings. Participants complained that it took too long for them to walk to the places they needed to get to, walking exposed them to danger, and public transport remained a luxury that had to be carefully rationalised in view of their financial circumstances.

The final recommendation was policing, as will be presented.

9.14.8 Policing

Improved police services and road safety were additional services participants recommended in the study. They motivated that a visible police presence would deter crime and restore social order in Welbedacht East. They expected a faster response time to their calls for police assistance which could only be achieved if the South African Police Services were locally situated. Related to policing was their concern about the high number of pedestrians injured, mostly pedestrian children who were the casualties of speeding motor vehicles who failed to comply with the speed limits. They called for traffic calming measures in their community. Their request to live in a safe, orderly neighbourhood, was a basic human desire according to Vuma (2016:105).

9.14.9 Conclusions of Part 3.1 of the findings

The honouring of children's rights, according to Dutschke (2006:7), should be evident in the quality and quantity of resources and services their families can access. Based on the recommendations made by the participants in this study, parents/ primary caregivers were challenged by the lack of infrastructure in their neighbourhood, which affected the well-being of their children. Their recommendations included taken-for-granted resources and services, that they should have been able to access in their own neighbourhoods to promote their healthy functioning (Eamon 2001:260). The bioecological theory positions that housing, libraries, parks, and opportunities for collective experiences are important to people, because

they facilitate the safety, integration, and support needed by families (Krishnan 2010:11-12). Social inclusion theory suggests that people need to be connected or included in markets, services, crisis services and spaces to ensure their well-being (Mc Donald 2011; the World Bank 2013:6).

A review of the recommendations that were made suggested that the parents/ primary caregivers were unable to connect to several critical elements that would enhance their ability to care for their children.

- At the market level many parents'/ primary caregivers had problems with housing. And employment. Either they did not have permanent structures to offer their children secure shelter, or those who were the beneficiaries of the state provided houses, found themselves living in poorly constructed houses that were not designed for families and they could do little to change this. Their exclusion from employment markets had serious consequences for them. Unless able to access opportunities to increase their incomes, they would not be able to stop the intensification of their poverty. They needed income generation opportunities to increase their upward mobility so that they could provide their children with the resources and opportunities they needed.
- The services they required were adequate health care, education, social protection, childcare and transport. The healthcare needed to be accessible, and comprehensive. Transport needed to be affordable. Educational facilities from early childhood to high school were strongly motivated. Parents/primary caregivers required aftercare centres that would offer home-work support, extra- curricular activities to extend their children, things that they could not offer their children themselves. They needed a visible police presence, and social protection to restore their sense of safety.
- They wanted to advance their access to crisis services. Social work services were amongst those mentioned. Ambulance services were included too. They wanted to be able to access social, police and health services in an emergency.
- They recognised the importance of creating prospects for their children to participate in social opportunities, enjoy recreation, and develop healthy social networks. Accordingly, they motivated for a library, community hall, outdoor playground, and sports facilities.

The parents'/ primary caregivers' recommendations clearly reflected their needs. Their visualisations of the resources provided valuable clues about the kind of parenting support intervention that would be relevant for them.

The researcher concluded that the recommended resources would create the opportunities parents/ primary caregivers needed to be able to participate more actively in society, feel respected, and contribute to the well-being of their children. The circumstances under which they found themselves required four actions according to Caruana and McDonald (2011:5). They needed a blend of programmes that combined material relief, practical assistance, and services. In keeping with social justice principles, it was important to draw attention to the socio-structural issues that impacted on their community. Any services they received needed to be empowering and encourage them to stand up for their rights. They would need help to strengthen their informal support networks and increase community participation.

In conclusion, the researcher believed that the purpose of identifying the resources that parents/ primary caregivers needed had been achieved. The summary of the participants' recommendations of topics relevant to their locally specific parenting support intervention will be presented.

9.15 PART 3.2 OF FINDINGS – TOPICS RECOMMENDED FOR INCLUSION IN A CONTEXTUALLY AND CULTURALLY RELEVANT PARENTING SUPPORT INTERVENTION (CHAPTER SEVEN)

As recommended by Magee (2017:13), a collaborative approach to programme development was adopted to achieve the second research goal, the development of a locally specific parenting support intervention. Research participants were asked to recommend topics relevant to improving parenting in Welbedacht East. Their recommendations were grouped according to parenting functions related to each of the domains of parenting: physical health, development and safety, social development and behaviour, psychological and emotional development, cognitive development and education, and the foundational competence of parents/ primary caregivers.

9.15.1 Topics related to the physical health, development and safety of children

Topics such as hygiene, healthcare, routine, the safety of children, and planning for their future were recommended for inclusion in the locally specific parenting support intervention. Parental responsibility for the hygiene of children is supported by Johnson et al (2014:119) and is

known to reduce several diseases and infections amongst children (Nannan, Norman, Hendricks, Dhansay, Bradshaw & the South African Comparative Risk Assessment Collaborating Group 2007:733). Protecting the health of children is also mentioned as an important parenting indicator that includes being responsible for the child's diet, safety, timely health or emergency interventions, and reducing their exposure to dangerous environmental stressors (Johnson et al 2014:118). The research participants were honest about their lack of knowledge in these areas and they mentioned the need to include topics on each of these areas in the programme. The role of parents/ primary caregivers in developing structure and routine in the lives of children was recognised as something parents should be informed about, because they seemed unaware of the importance thereof. Absence of routine can, according to some authors (De Goede & Greef 2016:512), lead to chaos and when a routine is practiced, particularly amongst families situated in poverty, their children are more likely to be protected from the disruptions that surround their lives. Generally, participants wanted parents/ primary caregivers to be more aware of the risks that children were exposed to in their community. There was evidence that parenting programmes could strengthen parental resources and protective response, to counteract the harmful social and physical threats in a community such as Welbedacht East (Deans et al 2016:13). Despite their poor financial circumstances, participants recognised the need to be capacitated with information about resources and opportunities to assist their children to secure more prosperous futures than they had experienced themselves. Consequently, they recommended topics that would advance their ability to plan their finances and budget so that they would eventually be able to support their children's long-term needs.

9.15.2 Topics related to the social development and behaviour of children

There were several recommendations presented about topics related to the social development and behaviour of children, namely instilling values of respect in their children and teaching them manners, using appropriate disciplinary measures, and promoting healthy education around sexuality and substance abuse. The motivation for their recommendations were that many parents failed to understand the negative influences they were having on their children. Children imitated their parents' lack of emotional restraint. Respect for elders, one of the topics mentioned, was noted to be a culturally relevant parenting topic within the South African context (Lachman et al 2016:2344). Requests for information about additional methods of discipline to replace corporal punishment were received. Several participants observed that parents/ primary caregivers were poorly informed about what discipline measures were permissible and were at a loss about how to discipline their children now that corporal punishment was no longer allowed. Strong evidence confirms that parents can be helped to develop alternative and more positive approaches to discipline than corporal punishment (Al-

Hassan & Lansford 2011:592-593; Özdemir 2015:123; Richter & Naicker 2013:25; Umubyeyi & Harris 2012:450). Topics were recommended to help parents to prevent and deal with child sexual abuse and alcohol and drug abuse in their homes. These topics fell within the concept of empowerment education, a term used by Alimoradi et al (2017:81) to explain how parents can equip children with knowledge and skills so that when they find themselves in social situations that expose them to risks, they can make positive choices.

9.15.3 Topics related to the psychological and emotional development of children

Clear support was given for the inclusion of topics that would help to promote positive parent-child communication, build the child's self-esteem, and inform parents/ primary caregivers about children's rights. Parents/ primary caregivers expressed a need to learn how to facilitate more sensitive conversations about issues that affected their children. Literature supports that when parents achieve this, they enable their children to manage their emotions more effectively (Gould & Ward 2015:3; Hsiao et al 2011). In addition, the participants recommended that parents/ primary caregivers needed to be taught to recognise the value of the uniqueness of each child, as endorsed by others involved in parent education programmes (Al-Hassan 2009:27; Eve et al 2014:114). The participants strongly recommended topics related to strengthening parent-child relationships as supported by other parent education programmes that reported positive outcomes of such topics (Al-Hassan 2009:27; De Graaf et al 2008:553; Eve et al 2014:114; Lucas 2011:187-188). Promoting the self-esteem of children was recommended by community champions. They recognised that the parents/ primary caregivers of Welbedacht East were not adept at promoting the self-confidence of their children, as they themselves had never experienced being praised when growing up. As supported by the findings from Lachman et al's (2016:2343) study, Black participants who had grown up in poverty found it uncomfortable to promote the self-esteem of their children. This was something they had never experienced when growing up. Advancing the self-esteem of children through parent education is a somewhat contentious issue. Some advocate that a positive self-esteem is associated with optimism and resilience, which parents are expected to nurture in their children (Choate & Engstrom 2014:373; Lippman et al 2009:21). Others consider it to be a value-based parenting indicator promoting a typically Eurocentric individualistic account of human behaviour (Azar & Cote 2002:196; Bame Nsamenang 2006:295; Le et al 2008:164). There were several unhelpful behaviours participants mentioned that parents/ primary caregivers needed to unlearn, such as discrediting children publicly and using insults as a means of regulating their children's behaviour. The parents/ primary caregivers motivated that parents/ primary caregivers should be informed about children's rights and responsibilities. Of interest was the view presented by Daly (2011:9) that knowledge of children's rights would lead to more community advocacy about the rights of children and

parental authority over children being replaced with a commitment to children, guided by their rights.

9.15.4 Topics related to the cognitive development and education of children

Suggestions regarding the cognitive development and education of children were that parents needed to be helped to appreciate the importance of promoting their children's attendance at school. The recommendation made was that parents/ primary caregivers needed to learn how to support their children in school. For some of the participants promoting the child's cognitive development extended beyond their scope. Parents were financially restricted in terms of the educational resources they could provide in their homes to stimulate their children. They were unable to create conducive spaces for children to complete their homework tasks. Few could access resources to read to their children and the lack of transport restricted them from following up with educators about their children's progress. Findings noted that the children were scapegoated at school by educators and learners because of their disadvantaged circumstances. The issue they raised is mentioned by Dermott and Pomati (2016:131) and McDonald (2011), who note that school environments are barriers for disadvantaged children and their parents and promote social exclusion. Whilst some parent education programmes offer suggestions on how parents can adapt household resources to stimulate basic literacy in their homes (Learning Through Play [sa]), there were no programmes that the researcher found that would help parents/ primary caregivers to overcome the issues related to the social exclusion of their children in schools.

The final list of recommendations was associated with the foundational competence of parents/ primary caregivers.

9.15.5 Topics related to the foundational competence of parents/ primary caregivers

Whilst the recommendations of parents/ primary caregivers and community champions were stated differently, when analysed they overlapped and represented the following topics: promoting help-seeking behaviours, assisting parents/ primary caregivers to become self-supporting, and self-care and self-management. The community champions added an extra topic, namely promoting parental understanding of the importance of parenting and co-parenting. It was suggested that parents/ primary caregivers needed to be informed about the resources that were available and how to access them, including non-professional services such as religious leaders. As noted by Katz et al (2007:9), an important way of empowering families at risk is to increase their access to resources, to strengthen their support networks (Caruana & McDonald 2011:5; Hoghughi & Speight 1998:296; Strydom 2012:447). Despite their value, Strydom (2012:447) notes that this is an intervention that is seldom used by social

workers. It was unclear at the time of the study how this could be achieved in a parenting support intervention, but it was noted. Noting the financial struggles experienced by women, the participants proposed topics to inform parents/ primary caregivers of the value of being self-supporting. Several other studies have recommended this, suggesting very practical topics that are useful. Educating women about how and where to access training and skills development programmes and creating opportunities for them to learn how they can extend their educational qualifications are motivated by Jordan et al (2014:404). Arranging workshops to teach women practical skills that can be used to generate an income, project management, and how to apply for funding, as well as promoting cooperation between a group of women to initiate an income generating project are mentioned by Simpson (2003:157) in her study of women of Bambayi, a community that closely resembles Welbedacht East (Simpson 2003:157). Whilst noted that income generation is difficult for vulnerable groups because of their lack of resources to sustain their initiatives (Raniga & Ngcobo 2014:523; Strydom & Tlhojane 2008:41) the participants in this study suggested that women needed more than income; they needed independence from partners. This independence, as noted by Raniga and Mathe (2011:34), would uplift them from their subordinate and oppressed positions, which was an underlying theme through most of the findings.

Proposed topics related to the self-care and self-management of parents/ primary caregivers came from community champions, as described by one of the parents/ primary caregivers, to “be well, within” (referring to being well-adjusted). The recommendation was that parents/ primary caregivers needed to be helped to contain their personal issues and balance their responsibilities towards their children and themselves. The benefits of self-care topics in parent education programmes is supported in the literature (Özdemir 2015:123; Sampaio et al 2015:103; Sanders et al 2003:165) and are noted to have positive outcomes in areas such as parental stress, anger, guilt, self-confidence, and managing partner relationships (Richter & Naicker 2013:26). Noting the concern about the number of children who were raised without fathers in the community, it was suggested that parents/ primary caregivers (the women specifically) not just be educated about the valuable role that they play in their children’s lives, but also the importance of fathers in the lives of their children. The relevance of this issue was discussed in Section 6.2.2.2. Literature about the damaging effects of a child growing up without a father is mentioned by several South African researchers (Holborn & Eddy 2011:174; Hope & Van der Merwe 2013:320). Limited information was found on how this topic should be addressed in parent education programmes. One source (Moran & Weinstock 2011:174) recommends topics that focus on encouraging parents to allow the child to enjoy a healthy relationship with both parents, advising them to refrain from criticising the absent parent in the presence of the child, avoiding contradicting the co-parent’s authority, respecting the

resources of the co-parent and his/her best efforts to provide for the child, and promoting the child's engagement with the co-parent's extended family.

9.15.6 Conclusions of Part 3.2 of the findings

The topics that the participants identified were directly linked to the factors that affected parenting practices in Section 6.2, the family structures, social problems and personal factors. They addressed the indicators of inadequate parenting that participants had identified in Section 5.4.3. Their recommendations included increasing the parent's/ primary caregiver's capacity to manage poor infrastructure and disintegrating family structures, as well offer children support and information to increase their capacity to deal with social problems. They placed strong emphasis on increasing parental capacity to deal with their own personal issues. Their range of topics extended beyond the three typical themes covered in parent education groups: child development, positive discipline, and the improvement of the parent-child relationship (Daly et al 2015:18). Their suggestions strongly featured topics to equip parents/ primary caregivers with knowledge and skills to satisfy the basic needs of their children. The researcher noted that this was consistent with parent education programmes developed to target developing countries (Al-Hassan 2009:31; Gould & Ward 2015:21; Moran et al 2004:60). Topics such as parental supervision and monitoring, health promotion, and nutrition were mentioned by these authors; the identified priority issues in Welbedacht East. Topics were recommended to strengthen the parent-child relationship, that would also advance parents/ primary caregivers' understanding of the importance of establishing the child's self-confidence. The recommendations of topics related to the social development and behaviour of children were influenced to some extent by cultural factors. Firstly, the importance of advancing children's values and behaviours to reflect respect for others, particularly elders, and manners was motivated by African values. Secondly, some participants who had been raised according to the African culture were reluctant to replace corporal punishment and therefore needed direction on other positive forms of discipline. The topics relevant to the cognitive development and education of children brought an interesting reality to light. They wanted parents/ primary caregivers to support their children who, because of their disadvantaged circumstances, were discriminated against by teachers and other learners at school. The recommended topics indicated that participants acknowledged the importance of self-care and self-management of their personal issues, topics recognised as useful when conducting parent education programmes in disadvantaged communities (Lachman et al 2016:2343).

The structural obstacles to 'good enough' parenting faced by parents/ primary caregivers motivated topics of a developmental nature. The need to empower women through income

generating activities, skills development, financial planning, increasing their access to resources, and collaboration with others were mentioned. Whilst several scholars acknowledge the value of developing a more holistic approach to strengthening families trapped in disadvantage (Moran et al 2004:81; Nel & Roestenburg 2004:121-122; Richter & Naicker 2013:15; Strydom 2012:438-439), there was little evidence found of such topics in parenting support interventions. However, there was evidence of parenting programmes empowering parents, as stressed by Daly (2011:26). More recently, Daly et al (2015:23) have motivated for practitioners offering a multidimensional approach to support families living poverty.

In conclusion the findings in this section offered strong confirmation that the recommendations that were developed for improvement of parenting practices in Welbedacht East informed the structure of the outline of the locally specific parenting support intervention that was developed in the findings Part 3.3 as will be presented in the next summary and conclusions of findings. The researcher concluded that the research question, "What issues do parents/ primary caregivers consider to be relevant for enhancing parenting practices within their community?", had been answered.

9.16 PART 3.3 OF THE FINDINGS – STEP 5 OF PHASE 1 OF THE IDD: SETTING GOALS AND OBJECTIVES FOR THE LOCALLY SPECIFIC PARENTING SUPPORT INTERVENTION (CHAPTER SEVEN)

The aim and task goals of the locally specific parenting support intervention were presented next as these represented the first set of findings related to the development of the outline of the intervention that that they considered relevant to the enhancement of parenting in Welbedacht East. This part of the findings, Part 3.3, detailed the summary of the research steps that were followed. Findings of Chapter Five, Chapter Six and part of Chapter Seven were analysed to establish the kind of parenting support intervention needed for parents/ primary caregivers. The themes identified as relevant to the locally specific parenting support intervention were presented at a consultation workshop attended by participants of the study and stakeholders who rendered services in Welbedacht East. The attendees discussed possible interventions that would address the themes that had emerged from the findings. Their discussions culminated in the outline for the locally specific parenting support intervention that were shaped into the aim and task goals for the intervention. The researcher considered this whole section as the findings related to Step 5 of Phase 1 of the IDD: Setting goals and objectives for the locally specific parenting support intervention.

The process that was followed to establish the goals and objectives of the locally specific parenting support intervention was explained first. The process was guided by the IDD theory (Fawcett et al 1994:25; Rothman & Thomas 1994:28). Because Fawcett et al (1994:25) offered more description, their terminology of “aims” and “task goals”, instead of the terms “goals” and “objectives” (Rothman & Thomas 1994:28), was used. The first part of the research process was to establish what type of intervention was needed to strengthen parenting practices in Welbedacht East, is explained next.

9.16.1 The Type of Intervention Needed to Strengthen Parenting Practices in Welbedacht East

The findings confirmed that issues that challenged parenting in Welbedacht East were related to the daily struggles of parents/ primary caregivers to survive, a common reality for many South African parents (Gould & Ward 2015:1). Their social exclusion from all four areas, resources, markets, services, crisis services, and spaces (see Section 2.4.1), created multiple challenges in their lives. Stressors situated within each of their bioecological spheres impacted on their parenting practices (see Section 6.2). Despite the corpus of evidence espousing the benefits of parent education programmes for parents living in high-risk situations (Bunting 2004; Gould & Ward 2015:1; Richter & Naicker 2013:5; Ward & Wessels 2013:62), the researcher concluded that more was required than parent education to support the parents/ primary caregivers of Welbedacht East. Guided by the three factors promoted by Mejia et al (2015:1008) as relevant to developing interventions for culturally diverse communities, the researcher contemplated the following: what would be useful for the parents/ primary caregivers of Welbedacht East; what would be of interest to them; and what would be relevant to their needs? The following conclusions were reached.

A parent education programme on its own was not likely to address their needs. Parents/ primary caregivers had made several requests for opportunities for parents/ primary caregivers to acquire practical skills to manage their circumstances and stressors and be empowered to promote the well-being of their children.

Based on the collated findings presented in Chapter Five, Six and Section 7.2 and 7.3 of Chapter Seven, the proposed parenting support intervention was:

- A preventative and early intervention to enhance parenting practices. The purpose of the intervention was to enable parents/ primary caregivers to strengthen their personal resources and develop protective responses to cope with their poor socioeconomic and environmental circumstances.

The type of intervention would have to include the following characteristics:

a) *Be a locally specific intervention*

The intervention needed to be relevant to the cultural and contextual realities of what the parents/ primary caregivers living in Welbedacht East faced, rather than a universal parent education programme.

b) *Offer holistic parent support*

It needed to include parent education as well as developmental interventions, such as financial literacy and income generation activities.

c) *Be an empowering intervention*

It needed to enable parents/ primary caregivers to improve their personal agency and be able to address some of the barriers that prevented them from satisfying their expectations of themselves as 'good enough' parents.

d) *Promote social inclusion*

It needed to firstly allow parents/ primary caregivers to have a say in its development; secondly, it needed to increase their access to the resources and support they required; and thirdly, it had to reaffirm their dignity.

e) *Offer psychoeducation*

It needed to teach parents/ primary caregivers how to promote self-care and self-management.

The next step presented how the findings were verified and the outline of proposed intervention was determined by community champions, parents/ primary caregivers, and other stakeholders who participated in the consultation workshop discussed in Section 4.5.3.11

9.16.2 The Consultation Workshop

The purpose of the consultation workshop was outlined in Section 4.5.3.11, as well as the five-step process that was followed to execute the workshop. The outcomes of the consultation process are presented here.

After the findings were presented and the floor opened for discussion, the consensus was that the findings from the interviews had been accurately reflected.

The areas of focus for the parenting support intervention were reviewed by participants in small groups which supported the findings of the interviewed participants' perspectives, as presented in Table 7.4. Some topics were rearranged and placed under different domains by the attendees. A few additional topics were added. The final list of topics for the parenting support intervention, as agreed upon at the consultation workshop, is arranged according to the domains used to discuss 'good enough' parenting and are tabulated for easy reference.

Table 9.1: Parenting support intervention topics selected at the consultation workshop

'Good enough' parenting domain	Recommended topics
Physical health, development and safety	<ul style="list-style-type: none"> – Nutrition – Hygiene – Healthcare – Child Safety – Setting limits and fair discipline – Community engagement in child safety
Psychological and emotional development	<ul style="list-style-type: none"> – Showing love and affection – Understanding the child – Creating stability and routine – Appreciating the child's uniqueness – Building the child's faith/hopefulness – Building the child's self-confidence – Putting the child's needs first
Social development and behaviour	<ul style="list-style-type: none"> – Parents as role models – Teaching the child manners and respect – Children's rights and responsibilities – Setting age-appropriate chores – Developing the child's religious/cultural identity
Cognitive development and education	<ul style="list-style-type: none"> – Child development – Promoting school attendance – Teaching basic literacy – Facilitating the child's homework – Religious/cultural norms and values
Foundational competence of parent	<ul style="list-style-type: none"> – Life skills: physical, emotional, mental and spiritual health – Emotional regulation – Stress management – Promoting help-seeking behaviours – Dealing with past hurts

The issues that each group highlighted in their presentations are summarised below.

9.16.2.1 Physical health, development and safety domain

The group presenter of the physical health, development and safety domain confirmed that all the topics listed were relevant but omitted any mention of routine. One possible explanation is that the group who addressed the psychological and emotional development domain had included it in their list of recommendations. Their group concluded that a parent education

programme alone would not be enough to impact the physical health, development and safety of the children in Welbedacht East. The community was affected by socio-structural issues, such as health, safety, and housing. Overcrowding and poor environmental health monitoring exposed the children to infectious diseases, such as Tuberculosis. Without a permanent primary health clinic situated in the community, prevention services and early treatment were not offered, and parents/ primary caregivers struggled to ensure that their children remained healthy. The safety of children was threatened in many ways: there were inadequate road calming measures, unstable family dynamics, and poor community awareness about safety issues. During the open discussion it was agreed that social cohesion and community responsibility for the protection of the well-being of the children of Welbedacht East needed to be promoted and an extra topic was added to their list, namely the promotion of community engagement in child safety.

Interventions suggested by the group included psychoeducational groups to impart information related to the identified parenting problems, the formation of a parent support groups to promote social cohesion, lobbying for road safety awareness, traffic calming measures, and raising support from the Environmental Health Department. It was proposed that macro-level housing and health policies needed to be readdressed to improve the quality of life amongst the poor. Their perspectives that poverty and neighbourhood threats challenged the abilities of parents/ primary caregivers to manage their lives were supported by scholarly references (Butler et al 2012:572; Curtis et al 2004:1918). As Ashiabi and O'Neal (2015:10) posit, child neglect thrived in Welbedacht because of the absence of a sense of community.

9.16.2.2 *Psychological and emotional development domain*

The responsibility of parents/ primary caregivers to nurture their children's emotional needs, safeguard their psychological well-being, and prepare them for adulthood was recommended by this group and supported by literature (Choate & Engstrom 2014:371; Hoghughi & Speight 1998:24; Kellett & Apps 2009:27; North 2013:25). It was presented that parents/ primary caregivers in Welbedacht East generally did not understand children and their needs, displayed limited affection and love, and placed their personal needs before their children's. Consistency and structure, and hope and optimism were lacking in the lives of parents/ primary caregivers and children in Welbedacht East. In the absence of experiencing love in the home, children were at risk of taking drugs and developing unhealthy relational attachments. The impact of parent/ primary caregiver stress on children was mentioned, which the group reported left the children feeling insecure. The findings of Botha-Verhage and Jacobs' study (2017:216) confirm that children are affected by the stress their parents experience; the

parenting they experience becomes inconsistent and the children become insecure and worry about the health and well-being of their parents. The group's perspectives about the value of the promotion of the child's spiritual beliefs were consistent with Sullivan (2008:162-170), who notes that it increases the self-confidence of children, makes them feel protected by a higher power and makes them feel more secure, enables them to withstand negative peer pressure, reinforces positive social values such as respect and conformity, and increases their resilience. The group highlighted that parents/ primary caregivers were generally not appreciative of the individuality of their children, which was also in evidence in the findings of the study conducted by Jansen van Rensburg et al (2015:332).

Based on the discussion, the group motivated for the inclusion of four additional topics: creating stability and routine; appreciating the child's uniqueness; building the child's faith and optimism; and putting the child's needs first. They placed strong emphasis on building the child's self-confidence, showing love and affection, and understanding the child, as had been mentioned in the findings. Building the child's faith and optimism, although recognised as an indicator of child well-being (Lippman et al 2009:21), is not typically included in parenting programmes, but the group felt strongly about including it as a topic in the parenting support intervention. The types of interventions they proposed were psychosocial education provided by different services providers, a parent support group, and developing social cohesion in Welbedacht East.

9.16.2.3 Social development and behaviour domain

This group expressed their concern about the poor examples that parents/ primary caregivers set for their children. They motivated that respect and manners be instilled in children. Parents/ primary caregivers had to restore the morals of the Welbedacht East community, a position promoted by the White Paper on Families in South Africa (2013:22). The group observed that there were universal principles of parenting, and culture served as a social mechanism that restored social order. They confirmed the importance of teaching parents/ primary caregivers about children's rights, because this would guide them on what their responsibilities to their children were, directly or indirectly. They mentioned the allocation of chores to children as relevant in their flip chart notes but neglected to discuss this indicator. They omitted topics that advanced the awareness of substance abuse and child abuse and offered no explanation. They supported the importance of discipline in parenting but decided to allow another group (Group 3) to elaborate on it.

Their recommendations of topics were mostly consistent with the indicators of child well-being as presented by the CFCW (Lippman et al 2009:21), which emphasises building the child's

moral character, instilling prosocial values, and nurturing cultural intelligence. In keeping with the findings of the interviews, this group made no mention of inculcating environmentally responsive behaviour or raising the civic awareness of children, indicators considered to be related to child well-being according to the CFCW (Lippman et al 2009:21).

The group envisaged that different service providers could offer parent education on the topics they had listed, which would help to raise the awareness of parents/ primary caregivers about the impact that their behaviour had on their children. They, in keeping with the other groups, advocated for a parent support group rather than a parent education programme and endorsed the importance of promoting social cohesion/ inclusion amongst the Welbedacht East community.

9.16.2.4 Cognitive development and education domain

The inclusion of service providers appeared to have influenced the topics chosen related to the cognitive development and education of children, because stronger concern was raised about the lack of cognitive stimulation that parents/ primary caregivers offered children, than previously expressed by parents/ primary caregivers during the interviews. The spokesperson (a professional service provider) motivated that parents/ primary caregivers should be helped to develop materials, make use of the resources they had at their disposal, to teach their children basic literacy at home. She stated that parents/ primary caregivers should not blame a lack of resources for the lack of stimulation the children in the neighbourhood suffered, which caused their intellectual development to fall behind those of their peers. The spokesperson used the example of how hosting a picnic in the garden could provide a child a learning opportunity. Her proposal of creating a study space in the home for children to complete homework tasks was met with resistance by parents/ primary caregivers and community champions, who challenged that a lack of space in their houses was a real issue and the designs of their houses were not conducive to children completing homework tasks. After discussion it was agreed that the topics recommended by the group would be retained but would require much more sensitivity. The group added parental responsibility for promoting children's cultural/religious intelligence to the list of topics. The final list of topics promoted and accepted for inclusion in the locally specific parenting support intervention included: educating parents/ primary caregivers about the development of children, promoting their school attendance, teaching basic literacy in the home, assisting and supporting children with the completion of homework tasks, and promoting religious and cultural norms. They endorsed the types of interventions that had been recommended by the other groups.

9.16.2.5 *The foundational competence of parents'/ primary caregivers' domain*

The importance of promoting the psychosocial wellness of parents/ primary caregivers was emphasised by this group, who advocated that unless a parent/ primary caregiver was happy within himself/herself, he/she lacked the ability to create a happy child, happy family, and happy community. The stress of living in Welbedacht East, according to this group, was not a normative experience. Neighbourhood risks were so serious that they affected the mental and physical well-being of parents/ primary caregivers living there. Poverty, poor infrastructure, the high rate of crime and violence, and substance abuse made it difficult for parents/ primary caregivers to manage. Accordingly, they failed to regulate their emotions and passed their high levels of stress onto their children in the way they responded to them. The consequences of parental stress caused by parenting in poverty is reported by Meinck et al (2016 910-914), who found that more than half of the children in their study were physically abused, and just over a third were emotionally abused in their homes, mostly by their caregivers. Getting parents/ primary caregivers to seek help to deal with their issues was strongly recommended by Group 3 of the consultation workshop. The lack of social support within the community, coupled with the reluctance of parents/ primary caregivers to seek help and the lack of knowledge about resources to help them, were factors that the parenting support intervention should address. Several authors acknowledge that those living in LSEEs suffer social exclusion and therefore linking them to services and resources should be prioritised (Jordan et al 2014:405; Simpson 2003:157; Strydom 2012:451). The group endorsed the findings that support could be formal and informal, and therefore both types of resources should be emphasised in the parenting support intervention. They maintained the position that the parents'/ primary caregivers' priority and responsibility should be their children, which required them to uplift themselves to be able to address the basic needs of their children. The first topic they recommended for inclusion in the parenting support intervention was life skills pertaining to the physical, emotional, mental and spiritual health of parents/ primary caregivers. Further topics included skills that would equip parents/ primary caregivers to generate an income, regulate their emotions, manage stress, promote help-seeking behaviours, and address their unresolved emotional issues. The only topic that they did not endorse that had been recommended was the one about co-parenting. They did not share their reasons.

Their recommendations for interventions for the development of the parenting support intervention included: extending knowledge and access to relevant resources to offer parents/ primary caregivers support, a parent support group, and income generation activities.

9.16.2.6 *Conclusions reached about the recommendations for the parenting support intervention*

Three themes reoccurred during the discussions. Two were disabling factors situated outside the proximal parent-child relationship that affected parenting practices, which were the unsuitability of their houses and the lack of safety in the community. The third theme was a protective factor, namely the role that religion/culture could play in supporting parents/ primary caregivers in their parenting role.

The suggested topics for inclusion in the parenting support intervention were largely consistent with those presented in the findings from the interviews. They drew attention to the environmental hazards faced by the families living in Welbedacht East and the poor governmental response to addressing their needs, an issue that Newman (2008:900) argues significantly places the health and safety of children at risk.

There was disagreement about the role that parents/ primary caregivers should play in promoting the cognitive development of their children. Whilst scholarly references support the recommendations presented by the group's spokesperson, the parents/ primary caregivers were not in full agreement. It was concluded that parental responsibility for the cognitive development and education of their children was a sensitive issue and both literary sources and the spokesperson of this group had not considered the cultural and contextual realities that affected parenting in Welbedacht East. Whilst the reason given for the different perspective presented by parents/ primary caregivers was that they lacked resources to advance their children's cognitive performance and their priorities were to ensure the basic survival of their children, other issues could also have motivated the defensive reactions that were evident. One such issue could be that many of Welbedacht East parents/ primary caregivers are African and may have viewed the cognitive development of their children from a different perspective, as suggested by Bame Nsamenang (2006:296). Another issue that could have affected their response, as provided by McDonald (2011), is the social exclusion that parents and children perceive from their interactions with educators and other learners.

The promotion of knowledge of children's rights was clearly supported in this forum. This is not typically included in parent education programmes. Whilst the reason for the inclusion of educating parents about children's rights was not clear, the researcher wondered whether participants had acknowledged that there needed to be a shift in terms of the parents'/ primary caregivers' sociological approach to children which could best be achieved using the Rights of the Child as outlined in Section 28 of the Constitution (South Africa 1996). Some authors such as Daly (2011:9) consider educating parents about children's rights as a positive

parenting intervention, which helps to shift mindsets and values related about how children should be treated.

In summary: the researcher concluded that the basic elements of the parenting support intervention had been identified and publicly verified. The findings gathered from the consultation workshop attendees confirmed what interventions were relevant for enhancing parenting practices within their community. The next step was to develop the aims and task goals of the parenting support intervention (Fawcett et al 1994:25).

9.17 THE SETTING OF THE AIMS AND TASK GOALS OF THE PARENTING SUPPORT INTERVENTION (CHAPTER SEVEN)

Three steps were followed to achieve Step 5, the final step of Phase 1.

- The research findings were consolidated and presented using a PowerPoint presentation.
- Additional literature was consulted about existing parent interventions, more specifically literature related to developing or adapting contextually and culturally relevant parenting support interventions for communities comparable to Welbedacht East.
- The aim and task goals of the parenting support intervention were established by following the first two steps, which were reported at the consultation workshop.

The researcher used the advice of Moran et al (2004:22) that when the contexts in which parents find themselves are characterised by hardship and disadvantage, interventions related to the advancement of adult capacity should be considered, such as financial literacy, parent support, and adult mental health. She sorted through the findings to identify the coping strategies mentioned by participants as relevant to managing some of their socio-structural realities in Chapter Five, Six and Seven. The literature review was extended to include poverty and interventions to assist communities to move out of poverty, community family therapy approaches, and the developmental approach.

Potential interventions located in the findings and endorsed in the literature were identified, namely parent education, financial literacy, microfinance (*stokvels*) and small income generating projects. These were briefly presented by the researcher at the consultation workshop for comment.

The consultation workshop forum confirmed that the financial struggles of parents/ primary caregivers were aggravated by their poor financial acumen. Faced by their daily struggles, parents/ primary caregivers were reported to live for the moment and failed to make provision for the long-term needs of their children. Parents/ primary caregivers were indebted, often because of unexpected emergencies, such as the illness of their child or the death of a family member. Their debts spiralled out of control and in desperate situations they turned to loan sharks who exploited them. Participation in *stokvels* had helped several participants. *Stokvels* were acknowledged to be an effective means of saving; an intervention that had the potential to lend money to the members at affordable rates. The additional advantages of *stokvels* noted by Kim et al (2007:1794) extended beyond the advantages given by the consultation workshop forum. These advantages were that they empowered members, cultivated their business skills, increased their self-esteem, and expanded their social networks. The findings strongly suggested the need for skills training and opportunities to initiate small income generating projects. The consultation workshop forum recognised that given the low level of skills and the severity of the unemployment situation, parents/ primary caregivers needed to be involved in income generation projects, as this would augment their incomes. The benefits were more than financially motivated. Projects of this nature would create a more stimulating routine for unemployed parents/ primary caregivers, increase their contact with others outside the home, and stimulate them by teaching them new things. These advantages closely resembled the opportunities that unemployed people forfeit, as mentioned by Diener and Seligman (2004:11).

The researcher concluded that the aims and task goals of the parenting support intervention could be finalised. The areas for change had been identified and verified, which according to Fawcett et al (1994:31) signalled that the overarching aim of the parenting support intervention could be formulated. The aim was:

- To create a holistic intervention for parents/ primary caregivers of children under nine years of age living in Welbedacht East, as motivated by the White Paper on Families in South Africa (2013), that would enhance their parenting practices.

The aim was broken down into five task goals for the intervention (Fawcett et al 1994:31). These were:

- Life skills counselling to improve the psychological well-being of parents/ primary caregivers.
- Parental education on how to improve child-well-being.

- Financial literacy and home budgeting skills to enhance the financial acumen of parents/ primary caregivers.
- A *stokvel* to enable parents/ primary caregivers to access microfinance and save for their children's immediate and future needs.
- Small income generating projects with business skills training.

9.17.1 Conclusions reached about Step 5 of Phase 1 of the IDD

The researcher was satisfied that the community had been successfully included in the design of the intervention at an early stage, as relevant to the IDD (Bailey-Dempsey & Reid 1996:214). Adequate consensus was reached about what parenting practices needed to be changed and how, and the issues that the intervention should address to bring about change. The requirements of Step 5 of Phase 1 of the IDD (Gilgun & Sands 2012:351) had therefore been successfully achieved. The consultation workshop had brought service providers and local government officials, community champions, and parents/ primary caregivers together and it was hoped that these connections would lead to further engagement and cooperation from service providers and local government officials. A public platform had been created where parents/ primary caregivers were included on an equal basis with others who attended. Their views about the aims and task goals of the parenting support intervention were integrated and a space was created for them to make their needs and values as parents/ primary caregivers known. This confirmed that the principles of social inclusion had been successfully integrated in the research process (Gidley et al 2010:134; Shortall 2004:115).

The findings offered preliminary answers to the second overarching research question: "What should a locally specific parenting support intervention entail?" The researcher concluded that the parents'/ primary caregivers' concepts of 'good enough' parenting were used to determine the parenting practices that needed to change. Whilst they could not necessarily address the socio-structural factors that compromised their parenting practices, they wanted to strengthen parental capacity to deal with the socio-structural factors in a different way. They wanted parents/ primary caregivers to be empowered as evident in the task goals they had set for the locally specific parenting support intervention.

Whilst participants had developed the aims and task goals for the locally specific parenting support intervention, the rigorous research methods used to confirm the design of the parenting support intervention was presented in Chapter Eight. The summary and conclusions of Chapter Eight follows.

9.18 SUMMARY AND CONCLUSIONS OF THE APPLIED DESCRIPTION OF PHASE 2 AND 3 OF THE IDD – INFORMATION GATHERING AND SYNTHESIS, AND THE DESIGN OF THE INTERVENTION (CHAPTER EIGHT)

The chapter was arranged into two sections. The first section explained the process and methods used to gather and synthesise information relevant to the development of the design of the parenting support intervention for Welbedacht East. The findings from literature sources linked to one or more of the task goals of the planned intervention were presented. The insights gained during the review of literature were presented. Next, parenting programmes that were consulted, namely those that targeted parents living in LSEEs in South Africa, were reviewed. Useful programme elements and/or protocols that could be applied or adapted for the intended intervention for the parents/ primary caregivers of Welbedacht East were summarised. The chapter explained how both sources of information, the literature sources (existing examples) and natural sources (the South African parenting programmes), were synthesised so that the functional elements of programmes in both sources could be extracted. The functional elements were then presented. The intended purpose of following this process was to benefit from the experience and knowledge of the two sources, which completed the steps of Phase 2 of IDD as outlined by IDD experts (Bailey-Dempsey & Reid 1996:212; Fawcett et al 1994:28; Gilgun & Sands 2012:351).

The second section of the chapter presented the culmination of all the findings about what the proposed design of the parenting support intervention for Welbedacht East entailed. It outlined how the information gathered in Steps 3, 4, and 5 of Phase 1 of IDD was compared with the information gathered in Step 1, 2, and 3 of Phase 2 of the IDD. This step identified the gaps/limitations of programmes that were available and how they could be addressed using additional practice technologies and social innovation (Thomas & Rothman 1994:11). Finally, pertinent elements of the parenting support intervention namely the strategy, programme, environmental design variables, and procedures (Fawcett et al 1994:34), were outlined.

The summaries and conclusions reached for these two phases are presented, commencing with those of Step 1 of Phase 2: consulting existing information sources.

9.18.1 Summary and Conclusions of Step 1 of Phase 2: Consulting Existing Information Sources

The computerised databases mentioned in Section 8.2.1 were used to collect information about parenting support interventions using the key words “Parent Support”, “Parenting Programmes”, “Parent Education Programmes”, and “Parent Capacity Building”.

The search resulted in the adoption of a definition for ‘parenting support intervention’ that was relevant to this study: an intervention that aimed to reduce risks and promote protective factors for children, in relation to their social, physical, and emotional well-being (Moran et al 2004:21). The two important indicators of parent support that were relevant to the study were that the support, help, or services had to be based on what parents/ primary caregivers needed and they had to be included in identifying those needs (Moran et al 2004:21). The meaning of “support” turned out to be broad services or activities that improved the way parents addressed their role as parents and increased parental access to child-rearing resources (knowledge, skills, social support and parental competence), to enhance functional parent-child relationships (Daly et al 2015:12). Parenting support interventions could directly target parental thoughts and behaviours to improve their parenting practices or be indirect forms of parent support. Indirect parenting support interventions were those that offered practical assistance or interventions to reduce parental stress that interfered with the positive parenting practices of parents/ primary caregivers (Richter & Naicker 2013:15). It was noted that parent support depended on a combination of formal and informal social work members to assist parents/ primary caregivers (Huser et al 2008:2), as consistent with Bronfenbrenner’s position mentioned by Trivette and Dunst (2014:2). It was confirmed that the terms “parent support” and “parenting support intervention” were synonymous and referred to any process of helping or an intervention that was initiated to promote independence, offer support, prevent harm, reduce the neglect and abuse of children, and reduce the mental and physical health issues experienced by parents/ primary caregivers (Huser et al 2008:2). The model of parent support relevant to this study was to provide education and general support for parents/ primary caregivers (Engle et al 2007:234) and parenting programmes were the most popular way to do this (Daly et al 2015:18; Incorvaia et al 2010). The fact sheet of parenting programmes is included as Addendum FF.

The efficacy of parenting programmes as summarised in Section 8.2.1.2a referred to parenting programmes improving parental knowledge, attitudes, and practices in caring for children (Al-Hassan & Lansford 2011:587), advancing parental skills and well-being, and facilitating family functioning (Bunting 2004; Mejia et al 2012:164; Özdemir 2015:120; Sampaio et al 2015:1035). It was recognised as creating positive outcomes in terms of the emotional well-being of children, especially among those living in difficult circumstances (Gould & Ward 2015:1; Scott 2010:1). Best practices of parenting programmes were identified (see Section 8.2.1.2b). The best practices of programmes are those that are applicable to the needs of their recipients, founded on a strong theoretical basis, involve the intended recipients in the development of the programme, offer a structure of what content has to be covered, and

includes supporting programme materials. They consider the barriers that are likely to discourage participation, pitch the programme according to the level of parenting risks that have been identified, integrate a range of learning methods (particularly, participatory learning activities), and train and supervise their programme facilitators. They also aim to increase the social support of their recipients and link them up with external sources.

Several limitations of parenting programmes were mentioned in Section 8.2.1.2c. Most originated from high-income countries and their transferability to low- to middle-income countries such as South Africa were questionable. Few evidence-based studies had been conducted to test their efficacy (Begle et al 2012:56; Holloway & Pimlott-Wilson 2014:96; Richter & Naicker 2013:viii; Wessels 2012:9). They were mostly designed for middle-class populations and failed to acknowledge the impact that SES had on parenting (Mejia et al 2015:1005; Ortiz & Del Vecchio 2013:452; Teixeira de Melo & Alarcão 2011:401). Most reported high dropout rates, poor enrolment, and/or irregular attendance of parents who most needed to participate in the programmes (Lester 2014:70; Wessels 2012:44; Whittaker & Cowley 2012:138). Many failed to offer solutions to the culture-specific, personal and structural barriers that precluded parents from participating (Lester 2014:70; Ortiz & del Vecchio 2013:453; Wessels 2012:12; Whittaker & Cowley 2012:138). It was questioned whether the outcomes of parenting programmes justified their costs (Nelson et al 2001:1; Sampaio et al 2015:1035; Scott 2010:2). A common problem amongst parenting programmes was that evaluation and monitoring procedures were not built into their designs and therefore had not become standard practice (Özdemir 2015:121; Sampaio et al 2015:1035; Wessels 2012:94).

In conclusion, despite their advantages, parenting programmes on their own would not achieve the aims and task goals that had been established for the locally specific parenting support intervention (see Section 7.5.1.4). Unless they addressed the key stressors that impeded parenting practices in Welbedacht East, as indicated in the task goals that had been formulated, they would fail. As suggested by Nelson et al (2001:7), what was needed for the locally specific intervention was a multi-component, community-based programme.

Next, the researcher reported actions that were undertaken to complete Step 2 of Phase 2 of the IDD. Evidence was provided of the efforts made to study natural examples of parenting programmes, to find out if any offered a more comprehensive, holistic programme for parents/primary caregivers living in LSEEs in South Africa.

9.18.2 Summary and Conclusions of Step 2 of Phase 2: The Study of Natural Examples

The investigation of natural examples was motivated by Thomas and Rothman (1994:13), who described this step as bringing the realities of practitioners and potential recipients together to recognise any practices that could be generalised and integrated into the programme/intervention that was planned. The researcher's interest was stated as group-based programmes that would increase the capacity of parents/ primary caregivers to cope with the socio-structural stressors, strengthen parent-child relationships, improve the well-being of both parents/ primary caregivers and their children, and offer practical ways to increase the capacity of parents/ primary caregivers to manage socio-structural stressors, such as financial literacy, a savings club/*stokvel*, and income generating activities. An outline of the research methods used to identify key informants who represented natural examples of parenting programmes was shared (see Section 8.2.2.1).

The population for inclusion were practitioners who were presenters and/or developers of parenting programmes that targeted South African parents/ primary caregivers living in LSEEs, and/or whose programmes addressed specific issues linked to the task goals of the Welbedacht East parenting support intervention. A combination of non-probability sampling (Monette et al 2011:149) and snowball sampling (Babbie 2013:559) was used. Seven programmes were identified as natural examples and were consulted. The first selection criterion that was used for the natural examples was: the consumers of their programmes should be considered to represent the characteristics of the Welbedacht East parents/ primary caregivers, namely predominantly women of colour, living in LSEEs, dependent upon the CSG, and who were parenting on their own. The second criterion was that their programme had to address one of the task goals established for the locally specific parenting support intervention. Finally, as a third criterion, they needed to be willing to share information rich data about their experiences of their parenting programmes (Babbie 2013:557; Marlow 2011:37; Monette et al 2011:506). Of the seven programmes identified, six of the key informants were willing to participate in face-to-face interviews, the seventh provided electronic material and references relevant to the information needed.

Face-to-face interviews were conducted using a semi-structured questionnaire with six of the key informants. The key informant of the seventh programme shared information electronically, but practical reasons precluded her from being interviewed. The inclusion of this programme was particularly relevant to this study, because it was the only natural example found to have modified an international parenting programme for local use, using an evidence-based approach. The six interviews were digitally recorded, transcribed, and the information

consolidated and presented in Table 8.1. The researcher reported on who the target audience for each of the programmes was (see Section 8.2.2.2a), whether the programmes had included content related to socioeconomic issues that affected their target audiences (see Section 8.2.2.2b), how the parenting programmes had originated (see Section 8.2.2.2c), what theoretical approaches each of the programmes were based on (see Section 8.2.2.2d), what their programme content and formats were (see Section 8.2.2.2e and f), and how relevant the key informants considered their programmes to be for parents living in the South African context (see Section 8.2.2.2g). The cultural and contextual adaptations to their programmes were also summarised (see Section 8.2.2.2g). The identified advantages of the programmes were covered in Section 8.2.2.2h, and any limiting factors that had been mentioned by the key informants were detailed in Section 8.2.2.2i).

These findings are not repeated here, as much of this content will be presented in the section that addresses the functional elements of successful methods extracted from existing resources and natural examples. The significant finding reported in Chapter Eight was that none of the natural examples had included parent capacity building interventions, as motivated by the participants in this study for the locally specific parenting support intervention.

Valuable pointers identified by key informants as relevant to programme content included:

- Their programmes focused on the holistic development and well-being of the child and covered parental responsibilities for promoting the physical health, development and safety, psychological and emotional development, social and behavioural development, and to a lesser extent the cognitive development and education of the child.
- Programmes enabled parents to establish caring, empathic parental responses to the child that would ultimately contribute to the child's independence and emotional security.
- Parents were taught to differentiate between positive discipline and punishment and were assisted to move away from using corporal punishment.
- Parents were taught to examine the underlying factors that impacted on their parent-child relationships and were equipped with skills to manage stress, self-regulate, and practice self-care.
- Additional information was offered about social realities, such as substance abuse, juvenile crime, children's sexuality, HIV and AIDS, engaging fathers in caregiving, and protecting children in high crime communities.
- The programmes included information about resources that parents could access to support them in their parenting roles.

Information collected about group formats, protocols, and programme materials was consolidated and the researcher learned the following:

- Programmes promoted the support of families and achieved this by creating opportunities for the recipients to receive social support from one another, both within the programme and outside sessions, and by increasing parental knowledge of resources and opportunities available to them and their children.
- Low literacy designs were important, to match the literacy levels of participating parents.
- Manuals for trainers and/or participants, though costly, ensured the fidelity of the programmes. Handouts of key issues were reasonable substitutes if programmes could not afford to print manuals. Some programmes used video clips, but they were in the minority.
- Participatory learning activities were recognised to increase participation and provided participants with opportunities to practice skills they had learned, which assisted them to become more confident about applying the skills in their homes.
- The contextual and cultural realities of the participants were considered, and practical examples were developed to make the content more relevant to the recipients of their programmes.
- Programmes were mostly flexible and adjusted the programme protocols, duration, and the spacing of sessions in accordance with the programme recipients' needs.
- Programmes had to be practical and when parenting resources were needed, recipients had to be guided on how to make the resources themselves using objects and materials available to them, such as recycled waste.
- Low-cost interventions in some instances made use of community facilitators instead of professionals, however this required training and monitoring the community facilitators to build their confidence and skills.
- Programmes developed methods to increase participation. Some developed follow-up systems and messaging to track absenteeism or arranged home-visits. Some used incentives, such as covering recipients' transport costs and providing lunches, refreshments, and/or food parcels.

The issues of concern reported by key informants about the parent programmes were identified. Many of these were supported by findings in the literature.

- Poor enrolment, poor attendance, and high dropout rates (also mentioned by Axford et al 2012:2061; Lester 2014:18; Whittaker & Cowley 2012:140).
- The cost implications of preventive programmes during the downward financial turn in South Africa. The organisations that offered the programmes had to rationalise their

programme spending, because funding from the Department of Social Development had been cut. Some programmes had to reduce the number of sessions and the number of programmes they offered in their communities. The realities of social work services are mentioned by Nhedzi and Makofane (2015:368), Strydom (2013:509), and Strydom et al (2017:154).

- Poor monitoring and evaluation procedures were commonly reported, as most programmes had not developed monitoring and evaluation tools as supported in the literature (Sampaio et al 2015:1049; Ward & Wessels 2013:63)

In conclusion: It was evident that each of the programmes consulted offered valuable lessons. They mostly addressed three main areas that parenting programmes tackle, namely child development, positive discipline, and the improvement of parent-child relationships (Daly et al 2015:18). Contextual issues that affected target audiences were included in some programmes, either as separate topics or by integrating them into programme materials and/or activities. References to cultural adaptations were made when discussing the identified concerns of recipients and included using culturally relevant examples in case studies or representing the cultural groups of programme recipients in the graphic illustrations of the programme manuals. Cultural adaptations were usually left to the discretion of the presenters and, as mentioned, were superficial modifications often involving the inclusion of rituals commonly practiced by recipients for opening or closing sessions, indigenous songs or rhymes, or role plays to replace the programmed video clips. Only one natural example had investigated the cultural relevance of the programme content for their target audience. Only two natural examples used evidence-based procedures to substantiate the relevance of their programmes for their target audiences. Several natural examples confirmed that parents were parenting under extreme conditions that motivated them to include parental life skills education to assist recipients to manage their stressors, increase their sense of self-esteem, and resolve early life issues. This was relevant to this study because it was consistent with one of the task goals of the locally specific parenting support intervention. Finally, few natural examples had included content that addressed the cognitive development and education of children, consistent with the findings of this study that reflected that parents/ primary caregivers did not prioritise their responsibility within this domain of parenting.

It was concluded that there were several gaps in terms of the information needed for the locally specific parenting support intervention. In particular:

- There was little information about how the natural examples addressed basic parenting issues such as child protection, nutrition, healthcare, and safety concerns mentioned by

participants in this study, as issues are based on the financial limitations of parents/ primary caregivers rather than their lack of knowledge.

- The existing sources and natural examples consulted had addressed the financial concerns of parents, although these clearly affected their parenting practices.
- Engaging fathers in parenting programmes appeared to be a common issue amongst the natural examples, but none had solutions about how they could involve them. Similar challenges were mentioned by Lachman et al (2016:2337), who had developed a parenting programme for parents/ primary caregivers in the Western Cape.

9.18.3 Summary and Conclusions of Step 3 of Phase 2: Identifying Functional Elements of Successful Methods

In the second section of the chapter, the researcher described how the functional elements of both sources concurred and therefore were combined and presented as one discussion. The functional elements were arranged according to different themes. These included the focus of the interventions and their target audiences; the inclusion of recipients in the development of the interventions; the theoretical approaches on which the interventions were based; content and topics; programme formats, group sizes, dosage, learning activities, structure and material; programme facilitators; and cultural and contextual adaptations.

The pertinent functional elements extracted from both sources are briefly summarised below.

Summary of functional elements extracted from the two sources:

- Some existing resources helped parents/ primary caregivers to find employment, resolve their relationships with partners, and access resources and opportunities (Richter & Naicker 2013:9; Trivette & Dunst 2014:1), because these issues were known to have an impact on the quality of parenting.
- Instead of running general parenting programmes for parents that addressed parenting across all age groups, it was recommended that programmes focus on the early developmental ages, before the problems parents experienced became too severe (Lester 2014:95). This was consistent with the strategic objective of the Save the Children South Africa (2015:210) strategy as motivated at the outset of the thesis, which explained why the researcher wished to focus on parenting children under nine years of age.
- Programmes that had engaged potential consumers in their development and design reported better outcomes (Magee 2017:13; Mejia et al 2015:102; Nelson et al 2001:7; Wessels & Ward 2015:19). An excellent example of the process of inclusion was found

in Lachman et al's (2016:2337) study, which offered very descriptive information that was useful to this study.

- Behavioural theories that included social learning principles were most popular amongst both groups. They had an established set of practice-based skills that parents could be taught, practice in sessions, and then apply in their home situations. They were particularly effective for parents/ primary caregivers with low literacy levels.
- Relational theories when integrated with behavioural theories were valuable to assist parents to break intergenerational patterns of poor parenting (Lucas 2011:186; Nelson et al 2001:6)
- The existing sources offered more information about the basic care of children than the natural resources (Al-Hassan 2009:31; Engle et al 2011:1340).
- The natural resources had included more topics related to the contextual realities of parenting in poor neighbourhoods, such as substance abuse, crime, violence, both physical and sexual child abuse (emotional child abuse was not mentioned), HIV and AIDS, and teenage pregnancies.
- The programme developed by Lachman et al (2016:2337) addressed parenting topics related to the psychological and emotional development of the child that were very similar to the topics that parents/ primary caregivers in this study had recommended: demonstrating love and paying attention to the child, understanding the child, appreciating the child's uniqueness, building the child's self-esteem, and putting the child's needs first. The researcher found the study conducted by Lachman et al (2016:2337) produced evidence-based guidelines for the cultural adaptation of a parent education programme for a locally specific community that were useful for this study.
- The issue of parental resistance to substituting corporal punishment with more positive forms of discipline was addressed by two programmes in the literature source (Lachman et al 2016:2342; Lachman, Kelly et al 2016:5) and one natural resource. This offered hope for the locally specific parenting intervention, as participants had identified this as an issue of concern which needed to be targeted for change.
- The allocation of household responsibilities was included under one of the programme topics by a natural example, as it was considered a culturally-based parenting practice relevant to that community. This confirmed that parenting responsibilities could be successfully reworked to accommodate cultural conceptualisations of parenting (Hall et al 2016:1010).
- The integration of respect children needed to demonstrate towards their African parents was specifically included in Lachman et al's (2016:2344) programme, as it was a culturally supported parenting value, one common to the recommendations of parents/

primary caregivers in this study. This too was done to accommodate one of the cultural conceptualisations of parenting (Hall et al 2016:1010) as mentioned by participants in this study.

- The contribution that parenting programmes could make towards the moral regeneration of socially dysfunctional neighbourhoods was highlighted by two natural examples. This resonated with the motivations that participants in this study had shared about parental responsibility for promoting religion/cultural identity amongst children to re establish social order.
- Parental responsibility for promoting the cognitive development and education of their children had not been that evident amongst the existing sources and natural examples.
- Content related to the foundational competence of parents, more specifically the mental health and wellness of parents, were equally motivated by both sources. The inclusion of topics related to stress management and coping with depression (Swick 2008:151) and increasing parental life skills (Moran et al 2004:34; Richter & Naicker 2013:16) were issues that parents/ primary caregivers had suggested.
- Group formats were recommended by both sources. Natural examples confirmed that smaller groups were needed when practice-based learning and participatory techniques were used in the programmes. This was supported by the findings of Wessels's (2012:39) study.
- Longer term groups were reported to achieve the best outcomes amongst vulnerable parents/ primary caregivers (Axford et al 2012:2062; Knerr et al 2013:358; Moran et al 2004:8) and one source (Knerr et al 2013:358) recommended between 12 and 24 sessions.
- One natural example had reduced the dropout rate in their programme by introducing follow-ups of non-attendees and providing transport allowances as an incentive. These measures were also supported by Lachman et al (2016:2347).
- Participatory learning activities were advocated by both sources (Huser et al 2008; Furlong et al 2012:3; Lachman et al 2016:2339).
- Structure in the form of pre-planned topics and programme protocols was advocated by both sources (Axford et al 2012:2063; Lachman et al 2016:2346; Mejia et al 2015:1011).
- Whilst there was evidence that manuals increased programme fidelity (Wessels 2012:70; Wessels & Ward 2015:20), the natural examples cautioned that cost implications, such as the translation of the manuals into indigenous languages, had to be carefully weighed against the economic climate that welfare organisations had to contend with.

- Making use of community facilitators to present programmes was reported by both sources as providing practical solutions for reaching culturally diverse communities. Their knowledge of and commitment to their communities benefitted the programmes (Al-Hassan 2009:32; Lachman et al 2016:2337; Mejia et al 2012:171; Wessels 2012:74; Wessels & Ward 2015:20). The sources observed that what community facilitators lacked in terms of professional qualifications could be overcome by training and supervision (Lachman Kelly et al 2016:10).

The knowledge of these functional elements, as explained in Chapter Eight, were carried over into the next phase, Phase 3. The design and the summaries and conclusions of that phase are presented next.

In conclusion: It was concluded that the functional elements that had been identified offered practical and experience-based motivations for the detail needed to operationalise the outline of the parenting support intervention. The functional elements extracted were mostly relevant to developing the protocols for the parenting support intervention. However, the researcher still had not found the interventions that were relevant to promoting the poverty alleviation task goals that the participants in the study had agreed on.

9.18.4 Summary and Conclusions of Phase 3: The Design

It was explained that the findings from Chapter Five to Seven had been reviewed together with the functional elements extracted in Section 8.2.3 to identify gaps between the existing interventions and natural examples, and those the Welbedacht East parents/ primary caregivers wished for. The chapter explained how the four steps required in Phase 3 were executed: identifying design problems, determining the boundaries of the intervention, using disciplined problem solving and creativity to select elements for the intervention, and finally the design of the intervention.

The first step, identifying design problems (see Section 8.3.1), led the researcher to conclude that the functional elements extracted from the sources did not provide solutions for addressing all the task goals of the parenting support intervention. The locally specific parenting support intervention required more practical technologies or innovative techniques to address poverty alleviation and increase support to vulnerable families. It was concluded that social development approaches had to be consulted to achieve the holistic intervention that had been motivated by participants in this study. The researcher rationalised the value of the developmental approach for working with parents/ primary caregivers living in vulnerable communities which meant that the boundary of the intervention would be extended (see

Section 8.3.2). Social development interventions were closely aligned to the task goals of the intervention decided upon in Section 7.5.1.4 offering socioeconomic interventions

The researcher explained how she accepted the challenge of using problem solving and the creative application of additional practice technologies (see Section 8.3.3) to facilitate the development of the intervention (Thomas & Rothman 1994:11). She had to look beyond regular interventions to find others that would enable parents/ primary caregivers to address their behavioural/environmental issues (Fawcett et al 1994:30). The idea she settled upon was to introduce training and skills development interventions to increase the social mobility and psycho-social support, of parents/ primary caregivers and expand their social network. This created a broad outline for the parenting support intervention. South African policies direct that social interventions should reduce poverty, promote sustainable livelihoods, and develop family-centred and community-based strategies to preserve and strengthen families (Nhedzi & Makofane 2015:355-356; Patel 2008:74; Strydom et al 2017:146) which offered the researcher a clear mandate to extend the parent programme boundary to include social developmental interventions. This completed the second step of Phase 3. The outline of the intervention had been set.

Topics for the intervention had been suggested at the consultation workshop (see Section 7.5.1.2), three of which were practical competencies, financial capacity building interventions not normally included in parenting programmes. The three financial capacity building interventions recommended in Section 7.5.1.4 were improving the financial acumen of parents/ primary caregivers, establishing a *stokvel*, and facilitating small income generating activities. The motivation for the inclusion of socioeconomic and social development interventions within the South African context were presented (see Section 8.3.3). Important elements of each intervention and their potential value to the locally specific parenting support intervention were mentioned (see Section 8.3.3.1, 8.3.3.2 and 8.3.3.3). The evidence pointed to the relevance of integrating the three financial capacity interventions as identified by the participants of the study into the parenting support intervention. It was stated that their inclusion in programmes for vulnerable communities would promote the self-reliance of parents/ primary caregivers, increase their self-esteem, widen their social network of support, and break their dependence on social security (Khosa & Kaseke 2017:365; Lombard 2003:237; Raniga & Ngcobo 2014:525). The researcher was satisfied that she had sufficiently expanded her knowledge about research-related practices, and practice technology as recommended by Thomas and Rothman (1994:11) to allow her to proceed to the final stage of the research, to finalise the design of the locally specific parenting support intervention. The elements of the parenting support intervention were available for the indigenous experts and

all that was needed to complete the research process was to involve the community champion research action group to make the final decision about the inclusion of these elements in the locally specific parenting support intervention.

The rationale for inviting the community champion research action group to evaluate the elements of a parenting programme, which at that point included social development capacity building for parents/ primary caregivers, was presented. The researcher's decision was consistent with the collaborative approach advocated in IDD research and the principles of social inclusion that underpinned her study. The community action group's role as explained was to determine whether the interventions identified would be relevant to the "real world" of Welbedacht East (Bernal 2006:145; Thomas & Rothman 1994:13).

The rationale behind using the Delphi process for this stage of the study was shared. A panel of experts needed to be involved to reach a final decision about the design of the locally specific intervention. The Delphi process was presented as an efficient method to collect and consolidate the suggestions from a group of people who were knowledgeable about an issue, so that the researcher would benefit from their expertise or insight (Cramer et al 2008:212; Vernon 2009:69; Yousaf 2007:1). A quick decision about what elements had to be included in the parenting support intervention was needed, one of the strengths of the Delphi process (West 2011:73). The decision to include the community champion research action group as a panel of indigenous experts was shared. Their knowledge and understanding of the parents/ primary caregivers living in Welbedacht East was, according to Vernon (2009:73), privileged information and that the study would benefit from their collective subjective judgements (Yousaf 2007:1). The fact that there were four community champions meant that the panel was big enough for the research outcome to be valid (Vernon 2009:71).

The application of research methods used for the Delphi process was discussed. Focussed questions were chosen, as recommended by Skulmoski et al (2007:10), to identify the selected elements of the intervention. A closed-ended survey was created using the information gathered in Phase 2 and 3 (Addendum CC), and a day was set aside for the Delphi process to be executed. After an introduction and explanation of the Delphi process and procedures (Addendum DD), the panel completed the surveys independently. A three-round process was used, supported by West (2011:239). Approximately 20 minutes were allocated for each round. The responses of each round were consolidated electronically and displayed before the next round commenced. This allowed participants to consider the recommendations that had been made by the other panel experts, before making their decisions in the next round. The responses collated after the third round were no different from those of the second. The

researcher concluded that the evidence she needed to confirm the elements required for the locally specific parenting support intervention had been obtained. The outcomes were presented in Section 8.3.4.2. This concluded Step 4 of Phase 3.

The recommendations of the community champions were used for the final phase of the research process; the finalisation of the outline of the parenting support intervention. The outcome was an intervention design that was specifically tailored to the needs of the parents/ primary caregivers that integrated cultural and contextual elements motivated in the earlier stages of the research process. The essential elements of the design were collated and information about the format, human resource structure, facilitators, and collaborating organisations were specified, as presented here.

The essential elements chosen were:

- To offer a parent education programme to equip parents with positive parenting strategies to strengthen the parent-child relationship, improve the quality of parental care of the child's basic needs, and reduce harsh punitive parental behavioural control methods.
- To offer parents/ primary caregivers life skills counselling to improve their psychological well-being.
- To develop a *stokvel* to enable a group of parents/ primary caregivers to access microfinance, save for their children's immediate and future needs, and build social connections.
- To offer financial literacy and home budgeting skills to enhance the financial acumen of parents/ primary caregivers and empower them.
- To facilitate small income generating projects to augment the income of parents/ primary caregivers and develop new skills.

The format that was chosen stipulated the following intervention protocols:

- A small group format would be used of between 12 and 20 parents/ primary caregivers.
- The inclusion of the socioeconomic development elements required that the parenting support intervention would extend the programme to 24 months.
- Each session would be approximately two and a half hours long.
- The sessions would be held once a week at a venue arranged by the community champions.
- The researcher would remain connected to the parenting support intervention through her institution's community engagement programme. Social work students would be

placed in the project to benefit from the service learning opportunities in areas such as family strengthening, small group counselling, and social development interventions.

- The community champions would be developed to be community-based facilitators of the intervention. Their role would be to coordinate the sessions and plan the presenters for each topic, facilitate group cohesion, follow up on absentees, make referrals for parents/ primary caregivers who needed services or crisis services, support the members of the group, fulfil administrative tasks such as updating members' details, maintain attendance registers and a database of service providers, and record donations and expenditures.
- The community champions would play an active role in the socioeconomic development component of the intervention. They would serve as the chairpersons of the savings clubs/*stokvels* and project leaders for the income generating activities. Their leadership roles in these two areas would cease when parents /primary caregivers were democratically elected by the members to take over the role of chairperson.
- Community champions would receive training in group facilitation skills, group work ethics, how to determine when parents/ primary caregivers are at risk, and referral procedures.
- The DFSF would be invited to participate. Their role would be to offer psychosocial and educational input and act as a referral source for the parent/ primary caregiver members who needed additional support.
- The ABM team responsible for coordinating municipal services in Welbedacht East would be linked to the project so that such as eThekweni Health and Social Services, Metro Police, eThekweni Traffic Engineers, and eThekweni Environmental Health Department, and eThekweni Economic Development and Facilitation units could offer support related to the service issues experienced by parents/ primary caregivers and provide opportunities for skills development for the income generating activities.

Finally, the educational content that had been decided upon for each task goal was presented. The topics chosen are consolidated in one table to present the overall outline of the content had been selected for the Welbedacht East parents/ primary caregivers parenting support intervention. The table lists topics for each of the task goals of the locally specific parenting intervention.

Table 9.2: Consolidated topics for the Locally Specific Parenting Support Intervention

TASK OBJECTIVE OF THE INTERVENTION	GROUP 1 TOPICS	GROUP 2 TOPICS	GROUP 3 TOPICS	GROUP 4 TOPICS
Parenting Education Programme Content	Topics related to the physical health, development and safety of the child: <ul style="list-style-type: none"> • Nutrition • Hygiene • Maintaining child's safety • Setting limits and fair discipline • Creating stability and routine • Mobilising community engagement for the protection of children in the community • Alternatives to corporal punishment • Teaching the child about his/her body 	Topics related to the emotional and psychological development of the child: <ul style="list-style-type: none"> • Showing love and respect to the child • Understanding the child • Appreciating the child's uniqueness • Improving parent-child communication • Building the child's faith/hope • Building the child's self-confidence • Putting the child's needs first 	Topics related to the social development and behaviour of the child <ul style="list-style-type: none"> • Parental role modelling of good behaviour • Teaching the child manners/ respectful behaviours • Understanding and teaching the child about children's rights and responsibilities • Setting age-appropriate chores for the child • Developing the child's religious and/or cultural identity • Teaching the child about substance abuse • Reassuring the child that it is normal to make mistakes 	Topics related to the cognitive development and education of the child <ul style="list-style-type: none"> • Stages of child development • The importance of school attendance • Teaching the child basic literacy in the home • The importance of parental monitoring of homework tasks
Life skills counselling programme content	Topics related to parent's ability to deal with emotions <ul style="list-style-type: none"> • Managing emotions • Stress management • Spiritual health 	Physical self-care <ul style="list-style-type: none"> • Reproductive health education • What are the important health checks? 	Dealing with social issues <ul style="list-style-type: none"> • Dealing with past hurts • Substance abuse and how to manage its effects in the home • Recognising and dealing with child sexual abuse • The importance of getting help and where to find it 	Topics related to relationships <ul style="list-style-type: none"> • Co-parenting • Dealing with partners/ strengthening family relationships
Financial literacy	Topics related to developing financial values <ul style="list-style-type: none"> • Responsible spending (balancing what I need vs. what I want) • Avoiding debt 	Topics related to day-to-day money matters <ul style="list-style-type: none"> • Developing a budget • Keeping track of money • Paying bills on time 	Savings/Borrowing <ul style="list-style-type: none"> • Bank accounts and loans, and how they work • Understanding credit and debt management: 	Other topics <ul style="list-style-type: none"> • Home Affairs and ID documents • Accessing social security

			<ul style="list-style-type: none"> • The importance and benefits of savings • How to develop a savings plan for burial; life events; insurance • Day-to-day, medium-term, and long-term savings • Consumer loans • How to recover from bad debt 	
Developing a savings club/ stokvel	Topics related to the objectives of a stokvel: <ul style="list-style-type: none"> • To promote personal and group development and friendship among members • To save money and eventually look for business opportunities for the club • Deciding how and when the savings will be spent • The difference between formal and informal savings clubs 	Topics related to stokvel membership: <ul style="list-style-type: none"> • Registering members • Choosing the membership size of the club • Developing membership forms • Getting members' commitment to abide by the rules of the club's constitution • Membership contributions and share of the profits • Resignations and implications 	Topics related to the formalisation of the stokvel <ul style="list-style-type: none"> • The constitution: Developing a constitution/founding document. • Establishing the executive committee: Responsibilities of the chairperson, secretary, and treasurer. • Opening a bank account: Choosing signatories; understanding the letter of authorisation; understanding what it means to be a signatory and powers assigned to that role 	Topics related to dissolving the stokvel <ul style="list-style-type: none"> • Sharing proceeds
Starting small income generating projects	Technical skills training: <ul style="list-style-type: none"> • Learning skills to produce things 	Topics related to getting started: <ul style="list-style-type: none"> • How to write a business plan/ funding proposal • Bookkeeping knowledge 	Topics related to making a profit: <ul style="list-style-type: none"> • Marketing skills • Pricing products for profit • Liaising and networking 	Topics related to stokvels: <ul style="list-style-type: none"> • Setting the objectives of the stokvel • Membership rules and processes • Developing the constitution • Establishing and training the executive committee

				<ul style="list-style-type: none">• Banking accounts and choosing signatories• Membership contributions and share of profits• Dissolving the <i>stokvel</i> and sharing proceeds• Differences between formal and informal savings clubs
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In conclusion: This chapter confirmed that the second overarching research question, “What should a locally specific parenting support intervention entail?”, was answered. At this stage the researcher was satisfied that the parents’/primary caregivers’ understanding of ‘good enough’ parenting had been integrated into the development of the parenting support intervention (Research question 2.1). The parenting support intervention was based on the issues that the parents/ primary caregivers had considered relevant for parents/ primary caregivers of Welbedacht East (Research question 2.2). The research process followed to achieve the design of a locally specific parenting support intervention, had been a culturally sensitive and collaborative research one and had included the interventions that parents/ primary caregivers considered relevant for enhancing parenting practices within their community (Research question 2.3). This satisfied the researcher that she could answer the research question 2.4: “Is it possible to achieve the design of a culturally and contextually relevant parenting support intervention by using a culturally sensitive and collaborative research process?”. The researcher concluded that it was possible. The participatory processes followed and the inclusion of parents/ primary caregivers and those they trusted in each of the research steps had been achieved. She was satisfied that the principles of social inclusion were upheld throughout the research process. This ended the research process as the second overarching question (Overarching question 2): “What should a locally specific parenting support intervention entail?” was answered. It is therefore concluded that the research objectives set in Section 1.8 were met. However, there were limitations that were inherent in this study that should be mentioned.

9.19 LIMITATIONS OF THE STUDY

The fundamental limitations in this study are:

- **Limitations related to non-generalisation of the findings:** In keeping with the qualitative approach used, the findings were gathered from a small group of participants taken from a context-specific setting. Whilst claims of representativeness and generalisation of findings may not be made, the methodology produced adequate data to develop an in-depth understanding of the topic.
- **Limitations related to gender bias:** Only female parents/ primary caregivers were recruited for this study and therefore the findings are not transferable across gender lines. This limitation is not peculiar to this study, because South Africa has many single-parent households and the proportion of absent, living fathers continues to increase (Holborn & Eddy 2011:4). Other studies mention the difficulty of involving men in

research of this nature (Hosegood & Madhavan 2010; Lachman et al 2016:2349). The expansion of the parents/ primary caregiver sample by including the community champion sample and inviting other stakeholders to participate in the consultation workshop reduced this bias to some extent, because males were included in both these groups. This helped to expand the diversity of opinions and advance the credibility of the findings.

- **Limitations related to South African parenting programmes and empirically founded local literature on the topic of parenting support interventions for disadvantaged parents:** The identification of natural examples of parenting interventions was difficult in the absence of a comprehensive database of South African parenting programmes. Parenting programmes addressing the contextual and cultural needs of Welbedacht East parents/ primary caregivers presented the second challenge. The solution was to use the IDD steps of consulting existing information sources (Thomas & Rothman 1994:9), then natural examples (Thomas & Rothman 1994:13), and finally extracting the functional elements of both sources of information (Fawcett et al 1994:33). Existing sources of information provided evidence-based information as needed but lacked contextual and cultural information required for the research. Natural resources produced more contextually relevant information than the existing resources but lacked evidence-based information. The combination of both information sources reduced the information chasm. Unfortunately, the absence of information relevant to the development of parenting programmes for culturally diverse South African people remained an issue of concern, as did the lack of information that could be located about capacity building interventions for parents/ primary caregivers.
- **Limitations related to translations of interviews during the research process:** One set of isiZulu interviews was excluded based on inconsistencies detected during the verification phase. The difficulty of guaranteeing the accuracy of the translations in qualitative research is acknowledged (Regmi et al 2010:19) and was a limitation of this study, even though substantial effort had been made to maintain the accuracy of translations through developing a rigorous verification protocol. In hindsight, the researcher should have considered using bilingual research assistants who could have transcribed and translated the interviews themselves after completing their interviews.

Based on the findings and the researcher's reflections about the research process that was followed, several recommendations for practice and research in the field of parent support surfaced. These recommendations will be discussed next.

9.20 RECOMMENDATIONS FOR SOCIAL WORK PRACTICES, TRAINING AND EDUCATION, AND AN AGENDA FOR FURTHER RESEARCH

The recommendations are arranged according to social work practice and programmes, social work training and education, social work policy, and future research. The recommendations are intended for those who are interested in strengthening parenting support, particularly amongst culturally diverse and disadvantaged communities, and are based on the needs expressed by the parents/ primary caregivers that participated in this study.

9.20.1 Recommendations for Social Work Practice

There are five recommendations that arose from the findings of this study, each inter-linked. The recommendations motivate: offering locally-based social services in peripherally situated low-cost housing areas; utilising social services to promote the social inclusion of parents/ primary caregivers; offering capacity building interventions to support parents/ primary caregivers to cope with the socio-structural stressors that undermine their parenting; revisiting the nature of social services that are offered to vulnerable parents/ primary caregivers; promoting collaboration amongst service providers in the troubled communities; and finally, promoting holistic parenting support interventions. Each will be explained here:

- Social work services and programmes must be accessible for all individuals, families, groups and communities, particularly those relocated to low-cost housing settlements built on the periphery of a city. The needs of communities living in such areas are high, yet they have the poorest access to resources and opportunities required to improve the quality of their lives. These geospatial contexts described contribute to the struggles of families and promote their social exclusion. Accessible social work services should include social development services, be it for individuals, groups or the community, to strengthen the capacity of parents/ primary caregivers, provide crisis services, and increase the access of families to resources and opportunities. The Department of Social Development, NGOs, FBOs, and University service learning programmes must extend their services to the government-funded low-cost housing developments that are situated in such geospatial areas. Such services can be rendered on a rotational basis from local community centres that are centrally situated in the housing settlements.
- Principles of social inclusion should be integrated in all social work interventions, particularly those targeting the disenfranchised. They are central to social work practice and promote social and economic equality, dignity and worth, and the improvement of

human relations. The engagement of disenfranchised parents/ primary caregivers in processes to develop relevant services ensures that the services parents/ primary caregivers receive are aligned to their needs, applicable to their cultural and contextual circumstances, contribute to fighting poverty, and promote their social, civic and economic participation. Opportunities for inclusion bring disenfranchised parents/ primary caregivers back into mainstream society.

- Services developed for parents/ primary caregivers living in LSEEs must be specially tailored to their needs and address their most pressing issues first. Therefore, the application of standardised parent education programmes that target parents/ primary caregivers living in LSEEs should be reconsidered, as they fail to support parents/ primary caregivers in addressing the stressors caused by the socio-structural factors that compromise their parenting. Disenfranchised parents/ primary caregivers require concrete social services from government, NGO, FBO and University service learning sites to increase their access to resources and opportunities they need to promote the well-being of their children. Social services need to be practical and can include things such as: assisting parents/ primary caregivers to receive material assistance and social relief; registering births, deaths, and obtaining identity documents; gain access to micro credit; link up with skills development programmes; engage in income generating activities; develop financial literacy; and secure childcare, as well as referrals to other services and resources. Whilst it is acknowledged that these do not address the socio-structural causes of their problems, they provide those whose social support systems have disintegrated with the assistance they need to survive. Concrete services enable parents /primary caregivers living in poorly resourced communities to address their basic survival issues, which reduces their stress and improves their responsiveness to their children.
- Social workers should be questioning the way in which they articulate the basic tenets of the social development approach in the performance of their social work duties. They have remained trapped in managing the backlog of statutory cases for too long and have reneged on their professional duty to provide vulnerable families with integrated family strengthening services. In the absence of prevention and early interventions, more and more parents/ primary caregivers are unable to address their oppressive situations, enter the realm of statutory social services, and are labelled as 'risky' or 'bad' parents. Promoting the self-reliance and independence of individuals, families, and communities should be evident in all social work interventions, for individuals, families, groups, and the community, and should include lobbying for the structural causes of poverty and

inequality to be removed. The divide between therapeutic interventions for individuals and families and social development interventions must be closed.

- Collaboration between social work practitioners and other service providers is needed to address the areas where parents/ primary caregivers require additional support or interventions, particularly human capacity building services. The Family Service Forums at provincial and district levels, as outlined in the White Paper on Families in South Africa (2013:56), have the potential to provide a dynamic portal through which parents/ primary caregivers can receive fast-tracked and appropriate social services, as well as support and protection of their human rights. The combined expertise and resources of the Family Service Forums offer the potential to create, develop, and deliver holistic and relevant services for families, advocate for their social inclusion, and increase the provision of the resources and opportunities they need to improve their human capacity and elevate themselves out of poverty. It is therefore recommended that social workers play an active role in ensuring that the Family Service Forums fulfil their purpose.
- Finally, it is recommended that parenting support interventions are carefully developed for each group of parents/ primary caregivers living in LSEEs. The findings of this study confirm that parents/ primary caregivers living in disadvantage require a holistic parenting support intervention that extends beyond parent education to include capacity building to enable them to fulfil the 'good enough' parenting indicators that they know they should be performing but cannot because of the oppressive circumstances in which they find themselves. The Welbedacht East parenting support intervention can be utilised as a blue print for other communities who share these circumstances.

In short, the recommendations presented are intended to increase the support that parents/ primary caregivers living in disadvantaged circumstances need to improve the well-being of their children, strengthen their coping strategies, and advocate for the social transformation that is needed to strengthen families.

9.20.2 Recommendations for training and education of social workers

The following recommendations are directed towards social work education, training, and continuous professional development:

- The responsibility of social work teaching programmes is to raise the critical consciousness of social work students to the point where they can confront the personal

attributes, attitudes, and values that hold them back from speaking out about structural issues that undermine the dignity and rights of people. Engaging students in reflexive exercises and debate in the classroom and supervision using examples of oppression from their practical work reports or media reports will offer them opportunities to connect with the courage within themselves to be able to advocate for social justice.

- Students should be linked through their practicum training with under-resourced communities to initiate some of the interventions recommended by the parents/ primary caregivers in this study under the guidance of academic supervisors and community-based contact people: financial literacy, parent education, skills development training, project planning, self-care, and stress management. The benefit of this is twofold. It will promote capacity building interventions in disadvantaged communities and expose students to first-hand experience of economic, social, cultural, and political issues that affect families. Such learning opportunities require students to engage in critical thinking, develop cross-cultural sensitivity, and increase their understanding of human rights, social justice, and how social development principles can be used to support families.
- Ongoing training and capacity building are needed to assist social workers to reposition the services they offer to include more interventions that address poverty. Such training and capacity building learning opportunities will enable social workers to integrate more social developmental interventions in their family preservation services.
- Ongoing training for social workers on family preservation services is recommended to keep them abreast of developments in this specialised field.

It is hoped that such training will ensure that practitioners who serve families are well-informed about interventions that strengthen families in South Africa. The next discussion offers a few policy related recommendations.

9.20.3 Recommendations for Policy

Engagement with the Welbedacht East community identified several issues that need to be addressed at a macro level. These have been formulated as recommendation for policy development.

- The conditions and contexts in which children are raised must be closely examined by all sectors of the government. Both knowledge and government resources must be

wisely applied to reduce the problems that marginalised parents/ primary caregivers suffer while trying to raise their children without the support, resources, or opportunities they need to promote the well-being of their children. An inter-sectoral response is needed to address specific areas, such as food security and childcare, and improve service delivery of services that parents/ primary caregivers need for their children, such as accessible schooling, healthcare, policing, environmental health monitoring, and recreational opportunities.

- The preservation of families and the prevention of removal of children will only be achieved when social service organisations have adequate human and financial capacity to render the full range of services: prevention, early intervention, statutory intervention, and aftercare intervention. Poor subsidisation of non-governmental social service organisations has created a crisis. Organisations that have had a long history of rendering valuable services to families are struggling to survive. It is critical that the funding of welfare services be revisited to ensure that welfare organisations are properly subsidised so that they can offer more support to families.
- Cities that are designed and developed to offer families a wide range of social, economic, and environmental resources and opportunities to promote their well-being produce happier families. Multi-disciplinary task teams must be appointed to create and maintain healthy neighbourhoods within cities so that all citizens have equal opportunities to participate in markets, can access to a range of services, including crisis services, and enjoy conducive spaces to mix with others (indicators of social inclusion). Social workers should be included in those task teams.
- Housing is a basic human need that contributes to a person's sense of belonging, ownership, identity, citizenship, and sense of self-sufficiency. However, when there is an absence of norms and standards, or failure to monitor the norms and standards, the beneficiaries of such homes suffer. It is recommended that the UN Habitat (2010) norms and standards be applied in all low-cost housing developments, as they have benchmarked the norms and standards for both construction and designs that are conducive to family living and offer family members adequate space and privacy.

Finally, the last set of recommendations addresses areas for consideration in terms of future research.

9.20.4 Recommendations for further research

The recommendations for further research based on the researcher's experiences and insights of conducting this study refer to: further research plans for the locally specific parenting support intervention; potential exploratory research topics on protective factors that participants identified as facilitating their parenting practices; research on children's rights knowledge as a supportive intervention to parenting topics dealing with positive discipline, ongoing collaborative research on cultural factors that mediate positive parenting practices; and experiences of parents/ primary caregivers about discriminatory practices of educators and pupils towards children and parents from disadvantaged backgrounds.

- The design of the intervention has been finalised the next stage of the research process has to be operationalised, namely Phase 4 of the IDD, piloting the locally specific parenting support intervention. The purpose of the piloting phase is to see if the intervention works, or to use the words of Fawcett et al (1994:36-37), to see "if the beast will fly." This will be conducted in Welbedacht East to establish whether the parenting support intervention requires further modification. Further research will be required at a later stage to establish whether the intervention is effective, replicable, simple, practical, and compatible with local customs and values. Once the parenting support intervention has been piloted, it needs to be evaluated in terms of its efficacy and relevance before being more widely disseminated. That will require both qualitative and quantitative research to develop evidence-based support of the parenting support intervention.
- More rigorous studies are needed to understand protective factors that the parents/ primary caregivers mentioned, such as ethnic pride, religion, and hope. A better understanding of factors that increase the resilience of parents/ primary caregivers raising children under difficult circumstance will contribute to the body of knowledge of strengths-based interventions for supporting vulnerable families.
- Research is needed to establish whether culturally embedded parenting norms considered harmful to children, such as corporal punishment, can be shifted by making parents/ primary caregivers more knowledgeable about children's rights as part of parenting support interventions that promote positive discipline.

- Further participatory, collaborative research is needed to develop new or adapt existing interventions to ensure their applicability and contextual and cultural relevance for South African families. The engagement of local communities is needed to find solutions that will interrupt vertically transmitted norms of parenting that are harmful to children, such as corporal punishment, as well as promote protective parenting norms located in cultural and local knowledge.
- Research is needed to explore reasons why children in LSEEs have such a poor school attendance. A specific variable that needs to be considered is the perception that disadvantaged parents have that teachers and pupils at the schools their children attend discriminate against both their children and them. Such knowledge could direct the development of strategies to increase school attendance and support children to achieve national expectations of educational attainment.
- Finally, the researcher wishes to make a personal recommendation related to the application of the IDD as a research paradigm and strategy for a Doctoral study. This research strategy achieved positive outcomes. These included: a thorough contextualised account of parenting based on the perceptions and experiences of parents/ primary caregivers themselves (Fraser & Galinsky 2010:461); the production of a contextually and culturally sensitive parenting support intervention (Fraser & Galinsky: 2010:464); scientific rigour applied to a participatory research process (Gilgun & Sands 2012:349). It is therefore recommended for studies of a similar nature. There were two practical limitations that were identified that should be mentioned. The process of the design is not complicated, but it is time-consuming which at times frustrated the community who wanted to operationalise the implementation of the parenting support intervention before each of the steps of the research process had been completed. This must be taken into consideration when working in communities that lack resources and want to see change effected quickly. The second was that the researcher found the application of this strategy to be an industrious undertaking for an individual Doctoral candidate. As mentioned by Abbell and Wolf (2003:6), the process takes the researcher through several sub-studies that are different and extensive in their own right, each requiring literature searches, selection of and application of research technologies that produces voluminous information, which never felt as though it was enough. Therefore, the researcher recommends that this design be considered for research topics that are suited to several candidates working together, each responsible for one of the “sub

studies". An academic supervisor should ensure that their efforts are coordinated. This should result in the intervention being developed in a shorter timeframe.

This concludes this section on recommendations that emanated from the research. The conclusion of this chapter follows.

9.21 CHAPTER SUMMARY

This final chapter provided an overview of the entire research process, summarising each chapter. Conclusions were presented for each chapter in terms of its contribution towards the attainment of the research objectives and answers to the research questions. The summarised findings were used to answer each of the research questions.

This chapter provided evidence that the two purposes of the research had been achieved:

- An understanding was gained about the Welbedacht East parents'/ primary caregivers' perceptions and practices of 'good enough' parenting.
- The parents'/ primary caregivers' perceptions of 'good enough' parenting were used to design the parenting support intervention for parents/ primary caregivers living in Welbedacht East who were parenting children under nine years of age.

The research process followed and findings reached allowed the researcher to contribute her insights in the form of suggestions for further professional engagement in terms of social work practice, education and training in social work, policy development, and further research.

REFERENCES

- Abar, B, Carter, KL & Winsler, A. 2008. The effects of maternal parenting style and religious commitment on self-regulation, academic achievement and risk behavior among African-American parochial college students. *Journal of Adolescence* 32(2):259-273.
- Abbott, P, Wallace, C & Sapsford, R. 2016. Socially Inclusive Development: The Foundations for Decent Societies in East and Southern Africa. *Applied Research in Quality of Life* 12(4):813-839.
- Abell, N & Wolf, D. 2003. Implementing Intervention Research in Doctoral Education. *Journal of Teaching in Social Work* 23(1-2):3-19.
- Aboud, FE, Singla, DR, Nahil, MI & Borisova, I. 2013. Effectiveness of a parenting programme in Bangladesh to address early childhood health, growth and development. *Social Science & Medicine* 97:250-258.
- Al-Hassan, S. 2009. *Evaluation of the Better Parenting Programme: A Study Conducted for UNICEF*. https://www.unicef.org/evaluation/files/Final_report_of_BPP-June_Jordan.pdf (Accessed on 19/11/2015)
- Al-Hassan, SM & Lansford, JE. 2011. Evaluation of the Better Parenting Programme in Jordan. *Early Child Development and Care* 181(5):587-598.
- Alimoradi, Z, Kariman, N, Simbar, M & Ahmadi, F. 2017. Empowerment of Adolescent Girls for Sexual and Reproductive Health Care: A Qualitative Study. *African Journal of Reproductive Health* 21(4):80-92.
- Allman, D. 2013. The Sociology of Social Inclusion. *Sage Open* 3(1):1-16.
- Al-Yateem, N. 2012. The effect of interview recording on quality of data obtained: a methodological reflection. *Nurse researcher* 19(4):31-35.
- Anfara, VA, Brown, KM & Mangione, TL. 2002. Qualitative Analysis on Stage: Making the Research Process More Public. *Educational Researcher* 31(7):28-38.
- Ardington, C, Case, A, Islam, M, Lam, D, Leibbrandt, M, Menendez, A & Olgiati, A. 2010. The impact of AIDS on intergenerational support in South Africa: Evidence from the Cape Area Panel Study. *Research on Aging* 32(1):97-121.
- Arkutu, AA. 1993. Family planning – a priority social and health action programme for Africa and the role of the physician. *Malawi Medical Journal* 9(1):3-5.
- Ashiabi, GS & O'Neil, KK. 2015. Child Social Development in Context: An Examination of Some Propositions in Bronfenbrenner's Bioecological Theory. *Sage Open* 5(2):1-14.
- Assarsson, L & Aarsand, P. 2011. 'How to be good': media representations of parenting. *Studies in the Education of Adults* 43(1):78-92.

- Atilola, O. 2014. Where Lies the Risk? An Ecological Approach to Understanding Child Mental Health Risk and Vulnerabilities in Sub-Saharan Africa. *Psychiatry Journal* 2014:1-11.
- Axford, N & Morpeth, L. 2013. Evidence-based programs in children's services: A critical appraisal. *Children and Youth Services Review* 35(2):268-277.
- Axford, N, Lehtonen, M, Kaoukji, D, Tobin, K & Berry, V. 2012. Engaging parents in parenting programs: Lessons from research and practice. *Children and Youth Services Review* 34:2061-2071.
- Azar, ST & Cote, LR. 2002. Sociocultural issues in the evaluation of the needs of children in custody decision making. What do our current frameworks for evaluating parenting practices have to offer? *International Journal of Law and Psychiatry* 25(3):193-217.
- Azar, ST, Lauretti, AT & Loding, BV. 1998. The evaluation of parenting fitness in termination of parental rights cases: a functional-contextual perspective. *Clinical Child and Family Psychology Review* 1(2):77-100.
- Azar, ST, Nix, RL & Makin-Byrd, KN. 2005. Parenting schemas and the process of change. *Journal of Marital and Family Therapy* 31(1):45-58.
- Babbie, E & Mouton, J. 2001. *The Practice of Social Research*. Cape Town: Oxford University Press.
- Babbie, E. 2011. *Introduction to Social Research*. 5th edition. Belmont, CA: Wadsworth Cengage Learning.
- Babbie, E. 2013. *The Practice of Social Research*. 13th edition. Belmont, CA: Wadsworth Cengage Learning.
- Bailey, AC & Kollins, KJ. 2004. Teaching and Learning in the Violent Neighbourhoods of the Cape Flats. *Social Work/ Maatskaplike Werk* 40(3):259-270.
- Bailey-Dempsey, C & Reid, WJ. 1996. Intervention Design and Development: A Case Study. *Research on Social Work Practice* 6(2):208-228.
- Bak, M. 2004. Can developmental social work change an unfair world? The South African experience. *International Social Work*, 47(1):81-94.
- Baker, M. 2006. *Restructuring Family Policies: Convergences and Divergences*. Toronto: University of Toronto Press.
- Baltes, PB, Reese, HW & Lipsitt, LP. 1980. Life-Span Developmental Psychology. *Annual Review of Psychology* 31(1):65-110.
- Bame Nsamenang, AB. 2006. Human ontogenesis: An indigenous African view on development and intelligence. *International Journal of Psychology* 41(4):293-297.
- Barbour, RS. 2000. The role of qualitative research in broadening the 'evidence base' for clinical practice. *Journal of Evaluation in Clinical Practice* 6(2):155-163.
- Bar-On, A. 2003. Indigenous Practice: Some Informed Guesses – Self-Evident But Impossible. *Social Work/ Maatskaplike Werk* 39(1):26-39.

- Barone, NM, Weitz, EI & Witt, PH. 2005. Psychological bonding evaluations in termination of parental rights cases. *Journal of Psychiatry and Law*, 33(3):387-412.
- Baumrind, D. 1971. Current patterns of parental authority. *Developmental Psychology Monograph*, 4(1):1-103.
- Begle, AM, Lopez, C, Cappa, K, Dumas, JE & de Arellano, MA. 2012. Ethnicity differences in child and parental outcomes following involvement the PACE program. *Behaviour Research and Therapy* 50(1):56-64.
- Belsky, J. 1980. Child maltreatment: An ecological integration. *American Psychologist* 35(4):320-335.
- Ben-Arieh, A. 2007. *Measuring and monitoring the well-being of young children around the world*. <http://unesdoc.unesco.org/images/0014/001474/147444e.pdf> (Accessed on 21/04/2017).
- Ben-David, B & Nel, N. 2013. Applying Bronfenbrenner's ecological model to identify the negative influences facing children with physical disabilities in rural areas in Kwa-Zulu Natal. *Africa Education Review* 10(3):410-430.
- Benetar, SR. 2002. Reflections and recommendations on research ethics in developing countries. *Social Science and Medicine* 54(7):1131-1141.
- Berger, M. 2006. Traditional medicine: a clear and present danger? *South African Journal of Science* 102(5-6):178-179.
- Berger, R. 2015. Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research* 15(2):219-234.
- Bernal, G & Saez-Santiago, E. 2006. Culturally Centred Psychosocial Interventions. *Journal of Community Psychology* 34(2):121-132.
- Bernal, G. 2006. Intervention Development and cultural Adaptation Research with Diverse Families. *Family Process* 45(2):143-151.
- Berry, C, Hayward, M & Porter, A. 2008. Evaluating socially inclusive practice: part one – a tool for mental health services. *The Journal of Mental Health Training, Education and Practice* 3(4):31-41.
- Bettelheim, B. 1987. *A good enough parent*. Worcester: Billings and Sons.
- Block, K, Warr, D, Gibbs, L & Riggs, E. 2012. Addressing Ethical and Methodological Challenges in Research with Refugee-background Young People: Reflections from the Field. *Journal of Refugee Studies* 26(1):69-87.
- Boblin, SL, Ireland, S, Kirkpatrick, H & Robertson, K. 2013. Using Stake's qualitative case study approach to explore implementation of evidence-based practice. *Qualitative Health Research* 23(9):1267-1275.
- Boemmel, J & Briscoe, J. 2001. *Web Quest Project Theory Fact Sheet of Urie Bronfenbrenner*.

<http://ruby.fgcu.edu/courses/twimberley/enviropol/envirophilo/factsheet.pdf> (Accessed on 15/10/2015).

- Bois, J, Sarrazin, PG, Brustad, RJ, Trouilloud, DO & Cury, F. 2005. Elementary Schoolchildren's Perceived Competence and Physical Activity Involvement: The Influence of Parents' Role Modelling Behaviours and Perceptions of their Child's Competence. *Psychology of Sport and Exercise* 6:381-397.
- Booyens, M & Crause, E. 2012. Excluded from education and work: perceptions of at risk youth. *Social Work/ Maatskaplike Werk* 48(3):255-274.
- Bornstein, MA & Lansford, JE. 2010. Parenting, in *The Handbook of Cross-Cultural Development Science*, edited by M Bornstein. New York, NY: Taylor and Francis:259-277.
- Bornstein, MH & Cheah, CSL. 2006. The Place of "Culture and Parenting" in the Ecological Contextual Perspective on Developmental Science, in *Parenting Beliefs, Behaviours and Parent-Child Relations: A Cross-Cultural Perspective*, edited by KH Rubin & OB Chung. New York, NY: Psychology Press:3-33.
- Bornstein, MH. 2012. Cultural Approaches to Parenting. *Parenting: Science and Practice* 12(2-3):212-221.
- Bornstein, MH. 2015. Culture, Parenting, and Zero-to-Threes. *Zero to Three* 35(4):2-9.
- Bostock, L. 2001. Pathways of disadvantage? Walking as a mode of transport among low-income mothers. *Health & Social Care in the Community* 9(1):11-18.
- Botha, P. 2015. *A life-coaching programme for support for social work students within an open and distance learning context*. DPhil (Social Work) thesis, Pretoria, University of South Africa.
- Botha-Verhage, E & Jacobs, S. 2017. Towards an understanding of mothers' dream, design and destiny processes in their relationship with their children in a low socio-economic environment: an appreciative inquiry. *Social Work/ Maatskaplike Werk* 53(2):201-223.
- Boyd, RC, Diamond, GS & Bourjolly, JN. 2006. Developing a family-based depression prevention program in urban community mental health clinics: a qualitative investigation. *Family Process* 45(2):187-203.
- Braun, V & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2):77-101.
- Bray, R. 2015. South Africa, in *Family and parenting support: policy and provision in a global context*, edited by M Daly, R Bray, Z Bruckauf, J Byrne, A Margaria, N Pećnik & M Samms-Vaughan. Florence: UNICEF:91-97.
- Brendtro, LK. 2006. The Vision of Urie Bronfenbrenner: Adults Who Are Crazy about Kids. *Reclaiming Children and Youth* 15(3):162-166.

- Bronfenbrenner, U. 1977. Toward and Experimental Ecology of Human-Development. *American Psychologist* 32(7):513-531.
- Bronfenbrenner, U. 1994. Ecological models of human development, in *International Encyclopedia of Education*, by T, Husén & NT, Postlethwaite. Oxford: Elsevier:37-43.
- Bronfenbrenner, U. 1999. Environments in Developmental Perspective: Theoretical and Operational Models, in *Measuring Environment Across Life-Span: Emerging Methods and Concepts*, edited by SL Friedman & TD Wachs. Washington, DC: American Psychological Association Press:3-28.
- Bronfenbrenner, U. 2005a. The Bioecological Theory of Human Development, in *Making Human Beings Human: Bioecological Perspectives on Human Development*, edited by U Bronfenbrenner. Thousand Oaks, CA: SAGE:3-15.
- Bronfenbrenner, U. 2005b. Ecological systems theory, in *Making Human Beings Human: Bioecological Perspectives on Human Development*, edited by U Bronfenbrenner. Thousand Oaks, CA: SAGE:106-173.
- Bronfenbrenner, U. 2005c. Growing chaos in the lives of children, youth, and families: How can we turn it around?, in *Making Human Beings Human: Bioecological Perspectives on Human Development*, edited by U Bronfenbrenner. Thousand Oaks, CA: SAGE:185-198.
- Brown, R & Ogden, J. 2004. Children's eating attitudes and behaviour: a study of the modelling and control theories if parental influence. *Health Education Research* 19(3):261-271.
- Budd, K. 2005. Assessing parenting capacity in a child welfare context. *Children and Youth Services Review* 27:429-444.
- Budd, KS & Holdsworth, MJ. 1996. Issues in clinical assessment in minimal parenting competence. *Journal of Clinical Child Psychology* 25(1):2-14.
- Budlender, D & Lund, F. 2011. South Africa: A Legacy of Family Disruption. *Development and Change* 42(4):925-946.
- Bunting, L. 2004. Parenting programmes: the best available evidence.
[https://pure.qub.ac.uk/portal/en/publications/parenting-programmes-the-best-available-evidence\(72808429-2fee-4881-b9b7-3fc8c3ddcda0\).html](https://pure.qub.ac.uk/portal/en/publications/parenting-programmes-the-best-available-evidence(72808429-2fee-4881-b9b7-3fc8c3ddcda0).html) (Accessed on 09/03/2015).
- Burman, E. 1996. Local, Global, or Globalized? Child Development and International Child Rights Legislation. *Childhood* 3(1):45-66.
- Burman, E. 2017. *Deconstructing Developmental Psychology*. 3rd edition. Abingdon, Oxon: Routledge, Taylor & Francis.
- Burns, N & Grove, SK. 2005. *The Practice of Nursing Research: Conduct, Critique and Utilization*. 5th edition. Missouri: Elsevier Saunders.

- Burton, D. 2000. *Research Training for Social Scientists: A Handbook for Postgraduate Researchers*. London: SAGE.
- Butler, K, McArthur, M, Thomson, L & Winkworth, G. 2012. Vulnerable families' use of services: getting what they need. *Australian Social Work*, 65(4):571-585.
- Bwisa, HM. 2008. *How to Write a Statement Problem: Your Proposal Writing Companion*. Nairobi: Jomo Kenyatta University of Agriculture and Technology.
- Bywater, J & O'Loughlin, M. 2016. Working effectively with children and families in the safeguarding children arena, in *Social Work with Children and Families*, 4th edition, edited by M O'Loughlin & S O'Loughlin. London: SAGE.
- Campbell, D & Palm, G. 2004. *Group Parent Education: Promoting Parent Learning and Support*. Thousand Oaks, CA: SAGE.
- Carter, EA & McGoldrick, M. 1999. *The Explained Family Life Cycle: Individual, Family and Social Perspectives*. 3rd edition. Needham Heights, MA: Ally & Bacon.
- Caruana, C & McDonald, M. 2011. *Social inclusion in the family support sector*. <https://aifs.gov.au/cfca/sites/default/files/publication-documents/b019.pdf> (Accessed 05/12/2014).
- Castro, F, Barrera, M & Martinez, R. 2004. The cultural adaptation of prevention interventions: resolving tensions between fidelity and fit. *Prevention Science* 5(1):4145-.
- Cauce, A. 2008. Parenting, Culture, and Context: Reflections on Excavating Culture. *Applied Developmental Science* 12(4):227-229.
- Ceballo, R & McLoyd, VC. 2002 Social support and parenting in poor, dangerous neighborhoods. *Child Development* 73(4):1310-1321.
- Ceballo, R, Chao, R, Hill, NE, Le, HN, McBride Murry, V & Pinderhughes, EE. 2008. Excavating Culture: Summary of Results. *Applied Developmental Science* 12(4):220-226.
- Centre for Social Justice. [Sa]. *Family breakdown – stable, healthy families at the heart of strong societies*. <https://www.centreforsocialjustice.org.uk/policy/breakthrough-britain/family-breakdown> (Accessed 28/10/2018).
- Chan, B. 2004. *Challenges to Parenting: The Local Scene*. <http://www.hkjpae.org/pdf/2004;9;182-184.pdf> (Accessed 12/03/2017).
- Chan, ZCY, Fung, Y & Chien, W. 2013. Bracketing in Phenomenology: Only Undertaken in the Data Collection and Analysis Process. *The Qualitative Report* 18(30):1-9.
- Chang, VI, Decker, C & Scott, S. 2018. *Developing helping skills: A step-by-step approach to competency*. 3rd edition. Boston, MA: Cengage Learning.
- Chemtob, CM & Carlson, JG. 2004. Psychological effects of domestic violence on children and their mothers. *International Journal of Stress Management* 11(3):209-226.

- Chikadzi, V & Pretorius, E. 2011. Unhelpful help: The social work profession's response to mass poverty in South Africa. *Social Work/ Maatskaplike Werk* 47(3):255-269.
- Child Protection Resource. 2014. Good Enough Parenting. <http://childprotectionresource.online/category/good-enough-parenting-2/> (Accessed on 05/05/2015).
- Child Welfare Information Gateway. [Sa]. *Family Support Services*. <https://www.childwelfare.gov/topics/supporting/support-services/> (Accessed 23/11/2015).
- Choate, P & Engstrom, S. 2014. The "Good Enough" Parent: Implications for Child Protection. *Child Care in Practice* 20(4):368-382.
- Cleaver, H & Walker, S. 2004. From policy to practice: the implementation of a new framework for social work assessments of children and families. *Child and Family Social Work* 9(1):81-90.
- Cobigo, V, Oullette-Kuntz, H, Lysaght, R & Martin, L. 2012. Shifting our conceptualisation of social inclusion. *Stigma Research and Action* 2(2):75-84.
- Collins, D, Jordan, C & Coleman, H. 2010. *An introduction to family social work*. 3rd edition. Belmont, CA: Brooks/Cole, Cengage Learning.
- Comer, E, Meier, A & Galinsky, MJ. 2004. Development of innovative group work practice using the intervention research paradigm. *Social Work/ Maatskaplike Werk* 49(2):250-260.
- Cooper, P, Murray, L, Vally, Z & Tomlinson, M. 2013. *Mother-infant booksharing: Stellenbosch University shares their implementation experience*. <http://dgmt.co.za/wp-content/uploads/2015/06/LearningBrief-46.pdf> (Accessed on 05/05/2015).
- Cooper, PJ, Tomlinson, M, Swartz, L, Landman, M, Molteno, C, Stein, A, McPherson, K & Murray, L. 2009. Improving quality of mother-infant relationship and infant attachment in socioeconomically deprived community in South Africa: randomised controlled trial. *The BMJ* 338:b974.
- Coovadia, H, Jewkes, R, Barron, P, Sanders, D & McIntyre, D. 2009. The health and health system of South Africa: historical roots of current public health challenges. *The Lancet* 374(9692):817-834.
- Cornwall, A & Jewkes, R. 1995. What is participatory research? *Social Science & Medicine* 41(12):1667-1676.
- Correa-Velez, I, Gifford, SM & Barnett, AG. 2010. Longing to belong: social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia. *Social Science & Medicine* 71(8):1399-1408.
- Coulson, J, Oades, L & Stoyles, G. 2012. Parent's Conception and Experience of Calling in Child Rearing: A Qualitative Analysis. *Journal of Humanistic Psychology* 52(2):222-247.

- Cramer, CK, Klasser, GD, Epstein, JB & Sheps, SB. 2008. The Delphi process in dental research. *Journal of Evidence-Based Dental Practice* 8(4):211-220.
- Crawford, J. 2011. Bringing it together: assessing parenting capacity in the child protection context. *Social Work Now* 47:18-26.
- Creswell, J. 2014. Research Design: Qualitative, Quantitative and Mixed Methods Approaches. 4th edition. Thousand Oaks, CA: SAGE.
- Creswell, JW. 2009. Research design: qualitative, quantitative, and mixed methods approaches. 3rd edition. Thousand Oaks, CA: SAGE.
- Curtis, LJ, Dooley, MD & Phipps, SA. 2004. Child well-being and neighbourhood quality: evidence from the Canadian National Longitudinal Survey of Children and Youth. *Social Science and Medicine* 58:1917-1927.
- Daly, M, Bray, R, Bruckauf, Z, Byrne, J, Margaria, A, Pećnik, N & Samms-Vaughan, M. 2015. *Family and Parenting Support: Policy and Provision in a Global Context*. Florence: UNICEF.
- Daly, M. 2011. *Building a coordinated strategy for parenting support*. <http://ec.europa.eu/social/BlobServlet?docId=7986&langId=en> (Accessed on 22/10/2015).
- Daly, M. 2014. *Innovative practices with marginalised families at risk of having children taken into care*. <http://ec.europa.eu/social/BlobServlet?docId=13390&langId=en> (Accessed 22/10/2015).
- Daniel, B. 1999. Beliefs in child care: social work consensus and lack of consensus on issues of parenting and decision-making. *Children and Society*, 13:179-191.
- Davidson, PL. 2013. The Delphi Technique in Doctoral Research: Considerations and Rationale. *Review of Higher Education and Self-Learning* 6(22):53-65
- Davies, B, Davis, E, Cook, K & Waters, E. 2008. Getting the complete picture: combining parental and child data to identify the barriers to social inclusion for children living in low socio-economic areas. *Child: Care, Health and Development* 34(2):214-222.
- Davis-Kean, PE. 2005. The influence of parent education and family income on child achievement: the indirect role of parental expectations and the home environment. *Journal of Family Psychology* 19(2):294-304.
- Davis-Sowers, R. 2012. "It just kind of like falls in your hands": factors that influence black aunts' decisions to parent their nieces and nephews. *Journal of Black Studies* 43(3):231-250.
- Daymon, C & Holloway, I. 2011. *Qualitative Research Methods in Public Relations and Marketing Communication*. 2nd edition. Abingdon, Oxford: Routledge.
- D'Cruz, H & Jones, M. 2014. *Social Work Research in Practice: Ethical and Political Contexts*. 2nd ed. London: SAGE.

- De Goede, C & Greef, A. 2016. Challenges couples face in managing family routines after the transition to parenthood. *Social Work/ Maatskaplike Werk* 52(3):313-331.
- De Graaf, I, Speetjens, P, Smit, F, De Wolff, M & Travecchio, L. 2008. Effectiveness of the Triple P Positive Parenting Program on Parenting: A Meta-Analysis. *Family Relations* 57(5):553-566.
- Deans, J, Liang, R & Frydenberg, E. 2016. Giving voices and providing skills to families in culturally and linguistically diverse communities through a productive parenting program. *Australasian Journal of Early Childhood* 41(1):13-18.
- Department for Children, Schools and Families. 2010. *Support for All: The Families and Relationships Green Paper – Summary*.
<http://webarchive.nationalarchives.gov.uk/20130321052440/https://www.education.gov.uk/publications/eOrderingDownload/00148-2010BKT-EN.pdf> (Accessed on 28/10/2018).
- Department of Health & Department of Education and Employment Home Office. 2000. *Framework for the Assessment of Children in Need and their Families*.
<https://tinyurl.com/y6u5mf5k> (Accessed on 28/03/2018).
- Department of Health. 2015. *Ethics in Health Research: Principles, Processes and Structures*.
- Department of Social Development & UNICEF. 2008. Parental/Primary Caregiver Capacity Building Training Package.
https://www.unicef.org/southafrica/SAF_resources_parentals.pdf (Accessed on 05/05/2015).
- Department of Social Development. 2006. *Service-Delivery Model for Developmental Social Welfare Services*. <https://www.gov.za/documents/service-delivery-model-developmental-social-welfare-services> (Accessed on 07/04/2018).
- Department of Social Development. 2008. *Manual on Family Preservation Services*. Pretoria: Department of Social Development.
- Derksen, T. 2010. The Influence of Ecological Theory in Child and Youth Care: A Review of The Literature. *International Journal of Child, Youth and Family Studies* 1(3/4):326-339.
- Dermott, E & Pomati, M. 2016. 'Good' Parenting Practices: How Important are Poverty, Education and Time Pressure. *Sociology* 50(1):125-142.
- Despard, MR & Chowa, GAN. 2010. Social Workers' Interest in Building Individuals' Financial Capabilities. *The Journal of Financial Therapy* 1(1):23-41
- Diefenbach, T. 2009. Are case studies more than sophisticated storytelling?: Methodological problems of empirical research mainly based on semi-structured interviews. *Quality and Quantity* 43(6):875-894.
- Diener, E & Seligman, ME. 2004. Beyond Money: Toward an Economy of Well-Being. *Psychological Science in the Public Interest* 5(1):1-31.

- Dinkmeyer, D & McKay, GD. 1979. *Systematic training for effective parenting*. Circle Pines, MN: American Guidance Service.
- Dlamini, CMR. 1985. Should ilobolo be abolished? A reply to Hlophe. *The Comparative and International Law Journal of Southern Africa* 18(3):361-376.
- Doherty, WJ & Beaton, JM. 2000. Family therapists, community and civic renewal. *Family Process* 39(2):149-161.
- Doorewaard, H. 2010. Research questions: types of retrospective case study, in *Encyclopedia of Case Study Research*, edited by AJ Mills, G Durepos & E Wiebe. Thousand Oaks: SAGE:822-825.
- Dreyer, LM. 2015. Experiences of parents with children diagnosed with reading difficulties. *Southern African Review of Education with Education and Production*, 21(1):94-111.
- Du Plessis, N, Kagee, A & Maw, A. 2009. Women's experiences of reporting rape to the police: a qualitative study. *Social Work/ Maatskaplike Werk* 45(3):275-289
- Du Preez, P & Roux, C. 2008. Participative intervention research: The development of professional programmes for in-service teachers. *Education as Change* 12(2):77-90.
- Dumais, SA. 2006. Early childhood cultural capital, parental habitus, and teachers' perceptions. *Poetics* 34:83-107.
- Dumka, LE, Garza, CA, Roosa, MW & Stoerzinger, HD. 1997. Recruitment and retention of high-risk families into a preventive parent training intervention. *The Journal of Primary Prevention* 18(1):25-39.
- Dunga, P & Mhlongo, N. 2017. Safe Parks. *NACCW 21st Biennial Conference, 4-6 July, Kimberley*.
<http://www.naccw.org.za/images/PDFs/conference%20presentations%202017/Breakaway%203/Safe%20parks%202017.pdf> (Accessed 11/04/2018).
- Dunn, M & Keet, N. 2012. Children's perspectives of parenting practices. *Social Work/ Maatskaplike Werk*, 48(1):82-91.
- Durrant, J & Ensom, R. 2012. Physical punishment of children: lessons from 20 years of research. *Canadian Medical Association Journal* 184(12):1373-1377.
- Durrant, JE. 1999. Evaluating the success of Sweden's corporal punishment ban. *Child Abuse and Neglect* 23(5):435-448.
- Dutschke, M. 2006. Children's right to social services in South Africa. *Economic and Social Rights in South Africa* 7(1):6-8.
- Dykes, G. 2016. Coping, resilience and posttraumatic growth: adverse childhood experiences and social work students. *The Social Work Practitioner-Researcher* 28(1):19-35.
- Eamon, M. 2001. The Effects of Poverty on Children's Socioemotional Development: An Ecological Systems Analysis. *Social Work/ Maatskaplike Werk* 46(3):256-266.

- Ebot, M. 2013. Mixed parenting between Finns and Sub-Saharan Africans in Finland, the Conceptions and Practices of Parenthood. *Fifth International Community, Work and Family Conference*, 17-19 July, NSW: University of Sydney.
- Ebot, M. 2014. Gender Caring: The Everyday Construction of Black African Parents in Finland. *Finnish Yearbook of Population Research* 49:143-167.
- Engelbrecht, L. 2008. The Scope of Financial Literacy Education: A Poverty Alleviation Tool in Social Work? *Social Work/ Maatskaplike Werk* 44(3):252-262.
- Engelbrecht, L. 2009. Indebtedness of Financially Vulnerable Households: What Do Social Workers Do? *Social Work/ Maatskaplike Werk* 45(2):154-170.
- Engelbrecht, L. 2011. The Global Financial Crisis: Response of Social Workers to the Financial Capability of Vulnerable Households in South Africa. *Journal of Social Intervention: Theory and Practice* 20(2):41-53.
- Engelbrecht, L. 2015. An integrative review of community education to facilitate financial capabilities of vulnerable households, in *Some Aspects of Community Empowerment and Resilience*, edited by V Pulla. Mumbai: Allied Publishers:110-128.
- Engle, PL, Black, MM, Behrman, J, Cabral de Melo, M, Gertler, PJ, Kapiriri, L, Martorell, R, Young, ME & the International Child Development Steering Group. 2007. Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. *The Lancet* 369(9557):229-242
- Engle, PL, Fernald, LCH, Alderman, H, Behrman, J, O’Gara, C, Yousafzai, A, Cabral de Mello, M, Hidrobo, M, Ulkuer, N, Ertim, I, Iltus, S & the Global Child Development Steering Group. 2011. Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *The Lancet* 378(9799):1339-1353.
- Eshel, N, Daelmans, B, de Mello, MC & Martines, J. 2006. Responsive parenting: interventions and outcomes. *Bulletin of the World Health Organization* 84(12):991-998.
- eThekweni Municipality & UNISA. 2013. Memorandum of Agreement entered into between eThekweni Municipality and the University of South Africa. Pretoria.
- eThekweni Municipality. 2012. *SA's Population at 51.7 million*.
http://www.durban.gov.za/Resource_Centre/new2/Pages/SA's-population-at-51.7-million.aspx (Accessed on 22/10/2015).
- eThekweni Municipality. 2013. Socio economic survey of the Welbedacht East community, Durban: eThekweni Municipality.
- eThekweni Municipality. 2014/2015. Integrated Development Plan – 5 Year Plan: 2012/13 to 2016/17. *Annual Review 2014/2015*.
http://www.durban.gov.za/City_Government/City_Vision/IDP/Documents/Final%202014_15%20IDP.pdf (Accessed on 11/04/2018).

- Eve, PM, Byrne, MK & Gagliardi, CR. 2014. What is good parenting? The perspectives of different professionals. *Family Court Review* 52(1):114-127.
- Fawcett, SB, Suarez-Balcazar, Y, Balcazar, FE, White, GW, Paine, AL, Blanchard, KA & Embree, MG. 1994. Conducting intervention research – the design and development process, in *Intervention Research: Design and Development for Human Service*, by EJ Thomas & J Rothman. London: Routledge:25-54.
- Feldman, R. 2012. Bio-behavioural synchrony: a model for integrating biological and microsocial behavioural processes in the study of parenting. *Parenting: Science and Practice* 12(2-3):154-164.
- Ferguson, H. 2010. Walks, Home Visits and Atmospheres: Risks and Everyday Practices and Mobilities of Social Work and Child Protection. *British Journal of Social Work* 40(4):1100-1117.
- Flintoff, K, Broadley, T, Martin, R & Barker, A. 2016. Figure 3: Bronfenbrenner's ecological systems framework. https://www.researchgate.net/figure/Bronfenbrenners-ecological-systems-framework-from_fig1_303839309 (Accessed on 14/03/2018).
- Forehand, R & Kotchick, B. 1996. Cultural Diversity: A Wake-Up Call for Parent Training. *Behaviour Therapy* 27:187-206.
- Forehand, R & Kotchick, B. 2002. Behavioural Parent Training: Current Challenges and Potential Solutions. *Journal of Child and Family Studies* 11(4):377-384.
- Fossey, E, Harvey, C, McDermott, F & Davidson, L. 2002. Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry*, 36(6):717-732.
- Fraser, MW & Galinsky, MJ. 2010. Steps in Intervention Research: Designing and Developing Social Programs. *Research on Social Work Practice* 20(5):459-466.
- French, DP, Yardley, L & Sutton, S. 2005. Research methods in health psychology, in *The SAGE Handbook of Health Psychology*, edited by S Sutton, A Baum & M Johnston. London: SAGE:326-359.
- Furlong, M, McGilloway, S, Bywater, T, Hutchings, J, Smith, SM & Donnelly, M. 2012. Behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years. *Cochrane Database of Systematic Reviews*.
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008225.pub2/full>
(Accessed on 05/05/2015).
- Gardner F. 2017. Parenting Interventions: How well do they transport from one country to another? *Innocenti Research Brief* 10. <https://www.unicef-irc.org/publications/886-parenting-interventions-how-well-do-they-transport-from-one-country-to-another.html>
(Accessed on 11/04/2018).

- Geinger, F, Vandenbroeck, M & Roets, G. 2013. Parenting as a performance: Parents as consumers and (de)constructors of mythic parenthood and childhood ideals. *Childhood* 21(4):488-501.
- Gennetian, LA, Castells, N & Morris, P. 2010. Meeting the Basic Needs of Children: Does Income Matter? *Children and Youth Services Review* 32(9):1138-1148.
- George, MA, Brussoni, M, Jin, A, Lalonde, CE & McCormick, R. 2016. Ecological analyses of the association between injury risk and socioeconomic status, geography and Aboriginal ethnicity in British Columbia, Canada. *Springerplus*, 5:567.
- Gerull, FC & Rapee, RM. 2002. Mother knows best: effects of maternal modelling on the acquisition of fear and avoidance behaviour in toddlers. *Behaviour Research and Therapy* 40(3):279-287.
- Gheaus, A. 2015. The 'intrinsic goods of childhood' and the just society, in *The Nature of Children's Well-Being*, edited by B Alexander & C Macleod. Netherlands: Springer:35-52.
- Gidley, JM, Hampson, GP, Wheeler, L & Bereded-Samuel, E. 2010. From Access to Success: An Integrated Approach to Quality Higher Education Informed by Social Inclusion Theory and Practice. *Higher Education Policy* 23(1):123-147.
- Gilgun, J & Sands, R. 2012. The contribution of qualitative approaches to developmental intervention research. *Qualitative Social Work* 11(4):349-361.
- Gillies, V. 2005a. Meeting parents' needs? Discourses of 'support' and 'inclusion' in family policy. *Critical Social Policy* 25(1):70-90.
- Gillies, V., 2005b. Raising the 'Meritocracy': Parenting and the Individualization of Social Class. *Sociology* 39(5):835-853.
- Goldberg, J. 2016. It takes a Village to Determine the Origins of an African Proverb. *National Public Radio*. 30 July.
<https://www.npr.org/sections/goatsandsoda/archive//2016/07/30/487925796/it-takes-a-village-to-determine-the-origins-of-an-african-proverb> (Accessed on 10/07/2017).
- Gomo, P, Raniga, T & Motloun, S. 2017. Resilience amongst children living with HIV: Voices of foster parents residing in KwaZulu-Natal, South Africa. *Social Work/ Maatskaplike Werk* 53(2):186-200.
- Gordon, T. 1975. P.E.T. *Parent effectiveness training: the tested new way to raise responsible children*. New York: Plume.
- Gorski, P. 2005. *Savage Unrealities: Uncovering Classism in Ruby Payne's Framework*.
http://www.edchange.org/publications/Savage_Unrealities.pdf (Accessed on 26/07/2017).
- Gould, C & Ward, C. 2015. Positive parenting in South Africa: why supporting families is key to development and violence prevention. *Institute for Security Studies Policy Brief* 77,

- April. <https://issafrica.s3.amazonaws.com/site/uploads/PolBrief77.pdf> (Accessed on 26/07/2017).
- Gray, M & Coates, J. 2008. From 'Indigenization' to cultural relevance, in *Indigenous Social Work around the World: Towards Culturally Relevant Education and Practice*, edited by M Gray, J Coates & MY Bird. Hampshire: Ashgate Publishing:13-31.
- Gray, M, Coates, J & Bird, MY. 2008. *Indigenous Social Work around the World: Towards Culturally Relevant Education and Practice*. Hampshire: Ashgate Publishing.
- Gray, M. 2011. Back to Basics: A Critique of the Strengths Perspective in Social Work. *Families in Society: The Journal of Contemporary Human Services* 92(1):5-11.
- Gray, P. 2015. *The Good Enough Parent is the Best Parent*.
<https://www.psychologytoday.com/us/blog/freedom-learn/201512/the-good-enough-parent-is-the-best-parent> (Accessed on 11/05/2017).
- Green Paper on Families, 2011, see South Africa. Department of Social Development. 2011.
- Green, M & Hulme, D. 2005. From Correlates and Characteristics to Causes: Thinking About Poverty from a Chronic Poverty Perspective. *World Development* 33(6):867-879.
- Green, S & Hartweg, J. 2004. A situation analysis of hospitalised physically abused pre-school children in South Africa: contributing social factors. *Social Work/ Maatskaplike Werk* 40(2):179-192.
- Grimes, ME & McElwain, AD. 2008. Marriage and Family Therapy with Low-Income Clients: Professional, Ethical, and Clinical Issues. *Contemporary Family Therapy* 30(4):220-232.
- Grove, SL, Burns, N & Gray, J. 2012. *The Practice of Nursing Research: Appraisal, Synthesis, and Generation of Evidence*. 7th edition. The Netherlands: Elsevier.
- Guhn, M & Goelman, H. 2011. Bioecological Theory, Early Child Development and the Validation of the Population-Level Early Development Instrument. *Social Indicators Research* 103(2):193-217.
- Guillemin, M & Gillam, L. 2004. Ethics, Reflexivity, and "Ethically Important Moments" in Research. *Qualitative Inquiry* 10(2):261-280.
- Gunnoe, ML, Hetherington, EM & Reiss, D. 1999. Parental Religiosity, Parenting Style, and Adolescent Social Responsibility. *Journal of Early Adolescence* 19(2):199-225.
- Guralnick, MJ. 1998. Effectiveness of early intervention for vulnerable children: a developmental perspective. *American Journal on Mental Retardation* 102(4):319-345.
- Hall, GC, Ibaraki, AY, Huang, ER, Marti, CN & Stice, E. 2016. A Meta-Analysis of cultural Adaptations of Psychological Interventions. *Behaviour Therapy* 47(6):993-1014.
- Hapunda, GN, Abubakar, A & Van de Vijver, F. 2017. Applying the bioecological model to understand factors contributing to psychosocial well-being and healthcare of children and adolescents with diabetes mellitus. *South African Journal of Diabetes and Vascular Disease* 14(1):11-17.

- Hart, CH, Newell, LD & Olsen, SF. 2003. Parenting skills and social communicative competence, in *Handbook of Communication and Social Interaction Skills*, edited by JO Greene & BR Burleson. Mahwah, NJ: Lawrence Erlbaum Associate Publishers:753-797.
- Hayes, A & Gray, M. 2008. Social inclusion: A policy platform for those who live particularly challenged lives. *Family Matters* 78:4-7.
- Hays, S. 1998. *The Cultural Contradictions of Motherhood*. New Haven, CT: Yale University Press.
- Heffner, E. [Sa]. *The Good Enough Mother*. <http://www.pbs.org/parents/special/article-expectations-goodmother.html> (Accessed on 23/12/2015).
- Hennink, M, Hutter, I & Bailey, A. 2011. *Qualitative Research Methods*. Los Angeles: SAGE.
- Hepburn, A. 2002. Increasing primary education access for children in AIDS-affected areas. *Perspectives in Education* 20(2):87-98.
- Hepworth, DH, Rooney, RH, Dewberry Rooney, G & Strom-Gottfried, K. 2013. *Direct Social Work Practice: Theory and Skills*. 9th edition. Canada: Brooks/Cole Cengage Learning.
- Hernández-Alava, M & Popli, G. 2017. Children's Development and Parental Input: Evidence from the UK Millennium Cohort Study. *Demography* 54(2):485-511.
- Hill, N & Adams, JD. 2005. Socioeconomic context and parenting among African American and Euro-American families. Unpublished manuscript.
- Hill, NE & Tyson, DF. 2008. Excavating Culture: Ethnicity and Context as Predictors of Parenting Behavior. *Applied Developmental Science* 12(4):188-197.
- Hoffman, D. 2010. Risky investments: Parenting and the production of the 'resilient child'. *Health, Risk & Society* 12(4):385-394.
- Hoghugh, M & Speight, A. 1998. Good enough parenting for all children – a strategy for a healthier society. *Archives of Disease in Childhood*, 78(4):293-296.
- Holborn, L & Eddy, G. 2011. *First Steps to Healing the South African Family: A research paper by the South African Institute of Race Relations sponsored by the Donaldson Trust*. <https://irr.org.za/reports/occasional-reports/files/first-steps-to-healing-the-south-african-family-final-report-mar-2011.pdf> (Accessed on 11/05/2017).
- Holden, GW & Miller, PC. 1999. Enduring and different: A meta-analysis of the similarity in parents' childrearing. *Psychological Bulletin* 125(2):223-254.
- Holloway, SL & Pimlott-Wilson, H. 2014. "Any Advice is Welcome Isn't It?" Neoliberal Parenting Education, Local Mothering Cultures, and Social Class. *Environment and Planning A: Economy and Space* 46(1):94-111.
- Hölscher, D, Kasiram, M & Sathiparsad, R. 2009. "Deserving" children, "undeserving" mothers? Multiple perspectives on the Child Support Grant. *Social Work/ Maatskaplike Werk* 45(1):11-26

- Hölscher, D. 2016. Subjectivities of survival: Conceptualising just responses to displacement, cross-border migration and structural violence in South Africa. *Social Work/ Maatskaplike Werk* 52(1):54-72.
- Holt, K, Lince, N, Hargey, A, Struthers, H, Nkala, B, McIntyre, J, Gray, G, Mnyani, C & Blanchard, K. 2012. Assessment of service availability and health care workers' opinions about young women's sexual and reproductive health in Soweto, South Africa. *African Journal of Reproductive Health* 16(2):283-293.
- Holt, S, Buckley, H & Whelan, S. 2008. The impact of exposure to domestic violence on children and young people: a review of the literature. *Child Abuse & Neglect*, 32(8):797-810.
- Hope, J & Van der Merwe, M. 2013. An intergenerational perspective on risk and protective factors in multi-problem poor families living in Cape Town. *Social Work/ Maatskaplike Werk* 49(3):309-331.
- Horwath, J & Lees, J. 2010. Assessing the Influence of Religious Beliefs and Practices on Parenting Capacity: The Challenges for Social Work Practitioners. *The British Journal of Social Work* 40(1):82-99.
- Hosegood, V & Madhavan, S. 2010. Data availability on men's involvement in families in sub-Saharan Africa to inform family centred programmes for children affected by HIV and AIDS. *Journal of the International AIDS Society* 13(Suppl 2).
<https://ijasociety.biomedcentral.com/articles/10.1186/1758-2652-13-S2-S5> (Accessed on 21/10/2018).
- Hough, M. 2008. Violent Protest at Local Government Level in South Africa: Revolutionary Potential? *Scientia Militaria: South African Journal of Military Studies* 36(1):1-41.
- Hove, SE & Anda, B. 2005. Experiences from Conducting Semi-Structured Interviews in Empirical Software Engineering Research. *11th IEEE International Software Metrics Symposium (METRICS'05), September 19-22*.
<https://ieeexplore.ieee.org/document/1509301> (Accessed on 05/05/2015).
- Howell, KH, Graham-Bermann, SA, Czyz, E & Lilly, M. 2010. Assessing resilience in preschool children exposed to intimate partner violence. *Violence and Victims* 25(2):50-164.
- Hsiao, C, Moran, G, Koren-Karie, N, Chemali, B, Pederson, D & Bailey, HN. 2011. *Antecedents of Mother-Child Co-Construction of Coherent Narratives of Past Emotional Experiences*. <http://ir.lib.uwo.ca/psychologypres/27> (Accessed on 05/05/2015).
- Hunter, B. 2009. Indigenous social exclusion: Insights and challenges for the concept of social inclusion. *Family Matters* 82:52-61.
- Huser, M, Small, SA & Eastman, G. 2008. *What research tells us about effective parenting education programs: A What works, Wisconsin Fact Sheet*.

https://fyi.uwex.edu/whatworkswisconsin/files/2014/04/factsheet_4parentinged.pdf

(Accessed on 28/10/2018).

IASSW, ICSW & IFSW. 2014. Global Agenda for Social Work and Social Development. First report – promoting social and economic equalities. *International Social Work* 57(S4):3-16.

Ife, J. 2012. *Human Rights and Social Work*. 3rd edition. New York, NY: Cambridge University Press.

Incorvaia, A, Owen, JW & Lansford, JE. 2010. *Parenting Programs in Developing Countries: Findings from a UNICEF Review*.

https://childandfamilypolicy.duke.edu/pdfs/policybriefs/Parenting_Programs_in_Developing_Countries_PolicyBrief.pdf (Accessed on 15/09/2015).

Ingvarsdotter, K, Johnsdotter, S & Östman, M. 2012. Lost in interpretation: The use of interpreters in research on mental ill health. *International Journal of Social Psychiatry* 58(1):34-40.

IOL News. 2018 *How far does the R410 child support grant really go?*

<https://www.iol.co.za/news/politics/how-far-does-the-r410-child-support-grant-really-go-13512627> (Accessed on 07/04/2018).

Irani, Z, Elliman, T & Jackson, P. 2007. Electronic transformation of government in the U.K.: a research agenda. *European Journal of Information Systems* 16(4):327-335.

Jacob, K, Hudson, S & Bush, M. 2000. *Tools for Survival: An Analysis of Financial Literacy Programs for Lower-Income Families*. <https://www.aecf.org/m/pdf/woodstockinstitute-toolsforsurvivalfinancialliteracy-2000.pdf> (Accessed on 15/07/2018).

James, D. 2014. "Deeper into a hole?": borrowing and lending in South Africa. *Current Anthropology* 55(S9):17-29.

James, R & Gilliland, BE. 2017. *Crisis Intervention Strategies*. 8th edition. Boston, MA: Cengage Learning.

Jansen van Rensburg, B, Strydom, C & Grobler, H. 2015. Parents' understanding of temperament and preference functions of their children. *Social Work/ Maatskaplike Werk* 52(3):332-349.

Jocson, RM & McLoyd, VC. 2015. Neighbourhood and housing disorder, parenting, and youth adjustment in low-income urban families. *American Journal of Community Psychology* 55(3-4):304-313.

Johnson, BD, Berdahl, LD, Horne, M, Richter, EA & Walters, M. 2014. A Parenting Competency Model. *Parenting: Science and Practice*, Volume 14:92-121.

Johnson, R & Waterfield, J. 2004. Making words count: the value of qualitative research. *Physiotherapy Research International* 9(3):121-131.

- Jones, N. 2013. Good Enough Parents? Exploring Attitudes of Family Centre Workers Supporting and Assessing Parents with Learning Difficulties. *Practice: Social Work in Action* 25(3):169-190.
- Jordan, N, Patel, L & Hockfeld, T. 2014. Early Motherhood in Soweto: The Nexus Between the Child Support Grant and Developmental Social Work Services. *Social Work/ Maatskaplike Werk* 50(3):392-409.
- Kale, R. 1995. Traditional healers in South Africa: a parallel health system. *The BMJ* 310(6988):1182-1185.
- Kanesathasan, A, McCleary-Sills, J, Vujovic, M, Brakarsh, J, Dlamini, K, Namisango, E, Nsaba, R & Fritz, K. 2011. *Equipping parents and health providers to address the psychological and social challenges of caring for children living with HIV in Africa*. An AIDSTAR-One Activity Final Report. https://aidsfree.usaid.gov/sites/default/files/aidstar-one_report_child_pss_needs_africa.pdf (Accessed on 08/11/2017).
- Karpf, A. 2013. *Mothers on the naughty step: the growth of the parenting advice industry*. <https://www.theguardian.com/lifeandstyle/2013/apr/19/mothers-naughty-step-donald-winnicott> (Accessed on 19/04/2017).
- Kasiram, MI & Oliphant, E. 2014. Challenges and Changes to Family Therapy Practice in South Africa, in *Critical Topics in Family Therapy*, edited by T Nelson & H Winawer. New York, NY: Springer.
- Katz, I, La Placa, V & Hunter, S. 2007. *Barriers to Inclusion and Successful Engagement of Parents in Mainstream Services*. York, UK: Joseph Rowntree Foundation.
- Keeney, S, Hasson, F & McKenna, H. 2006. Consulting the oracle: ten lessons from using the Delphi technique in nursing research. *Journal of Advanced Nursing* 53(2):205-212
- Kellett, J & Apps, J. 2009. *Assessments of parenting and parenting support need: A study of four professional groups*. York, UK: Joseph Rowntree Foundation.
- Kempen, A. 2017. Crime statistics 2016/2017 – "we need to sing a different song" – urgently! *Servamus* 110(12):26-30.
- Khan, Z & Haupt, T. 2006. Community participation – a necessary element of community development projects. *Acta Structilia* 13(2):39-61.
- Khanare, FP & De Lange, N. 2017. 'We are never invited': school children using collage to envision care and support in rural schools. *South African Journal of Education* 37(1):1-11.
- Khosa, P & Kaseke, E. 2017. The utilisation of the child support grant by caregivers: the case of Ba-Phalaborwa municipality in Limpopo Province. *Social Work/ Maatskaplike Werk* 53(3):356-367.

- Kiernan, KE & Mensah, FK. 2011. Poverty, family resources and children's early educational attainment: the mediating role of parenting. *British Educational Research Journal* 37(2):317-336.
- Kim, JC, Watts, CH, Hargreaves, JR, Ndhlovu, LX, Phetla, G, Morison, LA, Busza, J, Porter, JDH & Pronyk, P. 2007. Understanding the Impact of a Microfinance-Based Intervention on Women's Empowerment and the Reduction of Intimate Partner Violence in South Africa. *American Journal of Public Health* 97(10):1794-1802.
- Kirkpatrick, SI & Tarasuk, V. 2010. Assessing the relevance of neighbourhood characteristics to the household food security of low-income Toronto families. *Public Health Nutrition* 13(7):1139-1148.
- Klopper, H. 2008. The qualitative research proposal. *Curationis*, 31(4):62-71.
- Knerr, W, Gardner, F & Cluver, L. 2013. Improving positive parenting skills and reducing harsh and abusive parenting in low- and middle-income countries: a systematic review. *Prevention Science* 14(4):352-363.
- Koen, V, Van Eeden, C & Rothmann, S. 2013. Psychosocial well-being of families in a South African context: A prospective multifactorial model. *Journal of Psychology in Africa* 23(3):409-418.
- Kotaman, H. 2013. Freedom and Child Rearing: Critic of Parenting Practices From a New Perspective. *Procedia – Social and Behavioural Sciences* 82:39-50.
- Krishna, A. 2004. Escaping Poverty and Becoming Poor: Who Gains, Who Loses and Why? *World Development* 32(1):121-136
- Krishnan, V. 2010. Early Child Development: A Conceptual Model. *Paper presented at the Early Childhood Council Annual Conference 2010, 7-10 May, Christchurch, New Zealand: Early Child Development Mapping Project Alberta.*
- Krumer-Nevo, M & Sidi, M. 2012. Writing Against Othering. *Qualitative Inquiry* 18(4):299-309.
- Kunst, J. 2012. In Search of the "Good Enough" Mother: How to honour the complexity of motherhood. <https://www.psychologytoday.com/us/blog/headshrinkers-guide-the-galaxy/201205/in-search-the-good-enough-mother> (Accessed on 18/11/2015).
- KwaZulu-Natal Department of Health. 2001. *KwaZulu-Natal Emergency Medical Services*. <http://www.kznhealth.gov.za/EMS.htm> (Accessed on 18/11/2015).
- KwaZulu-Natal Provincial Treasury. 2016. *Estimates of Provincial Revenue and Expenditure*. <http://www.treasury.gov.za/documents/provincial%20budget/2016/4.%20Estimates%20of%20Prov%20Rev%20and%20Exp/KZN/KZN%20-%20EPRE%20-%20Full%20Document.pdf> (Accessed on 18/11/2015).
- Lachman, JM, Kelly, J, Cluver, L, Ward, CL, Hutchings, J & Gardener, F. 2016. Process evaluation of a parenting program for low-income families in South Africa. *Research on Social Work Practice* 28(2):188-202.

- Lachman, JM, Sherr, LT, Cluver, L, Ward, CL, Hutchings, J & Gardner, F. 2016. Integrating evidence and context to develop a parenting program for low-income families in South Africa. *Journal of Child and Family Studies* 25(7):2337-2352.
- Lamb, S & Snodgrass, L. 2013. Growing up with normalised violence: narratives of South African youth. *Commonwealth Youth and Development* 11(1):4-21.
- Lambe, M. 2005. The good enough parent. *Mothering* 131:28-35.
- Landreth, G. 2005. Play therapy: the art of the relationship. 2nd edition. New York, NY: Brunner-Routledge.
- Landy, S & Menna, R. 2006. *Early intervention with multi-risk families: An integrative approach*. Baltimore, MD: Brookes.
- Lanza, HI & Taylor, RD. 2010. Parenting in moderation: Family routine moderates the relation between school disengagement and delinquent behaviours among African American adolescents. *Cultural Diversity and Ethnic Minority Psychology* 16(4):540-547.
- Lau, J & Ng, K. 2014. Conceptualizing the Counselling Training Environment Using Bronfenbrenner's Ecological Theory. *International Journal for the Advancement of Counselling* 36(4):423-439.
- Laurence.
- Le, H, Ceballo, R, Chao, R, Hill, NE, McBride Murry, V & Pinderhughes, EE. 2008. Excavating Culture: Disentangling Ethnic Differences from Contextual Influences in Parenting. *Applied Developmental Science* 12(4):163-175.
- Learning Through Play. [Sa]. *Parent Group Leader's Guide*. The Hincks-Dellcrest Centre.
- Lester, S. 2014. *An Evaluation of the Parent Centre's Positive Parenting Skills Training Programme: A Randomized Controlled Trial*. MPhil dissertation, University of Cape Town, Rondebosch.
- Levers, LL. 2014. *The Consultative Workshop as a Qualitative Method of Inquiry: The Case of Guidance and Counselling Teachers and Community-Based Counselors in Maun, Botswana*.
<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.509.4356&rep=rep1&type=pdf>
 (Accessed on 28/10/2015).
- Lewin, S, Norman, R, Nannan, N, Thomas, E, Bradshaw, D & the South African Comparative Risk Assessment Collaborating Group. 2007. Estimating the burden of disease attributable to unsafe water and lack of sanitation and hygiene in South Africa in 2000. *South African Medical Journal* 97(8, pt2):755-762.
- Liamputtong, P & Ezzy, D. 2005. *Qualitative Research Methods*. 2nd edition. Melbourne: Oxford University Press.
- Lincoln, Y & Guba, E. 1985. *Naturalistic inquiry*. Beverly Hills, CA: SAGE.

- Lipman, EL, Kenny, M, Jack, S, Cameron, R, Secord, M & Byrne, C. 2010. Understanding how education/support groups help lone mothers. *BMC Public Health*, 10(4):2-9.
- Lippman, L, Moore, KA & McIntosh, H. 2009. Positive indicators of child well-being: A conceptual framework, measures and methodological issues. *Innocenti Working Paper 2009-21*. https://www.unicef-irc.org/publications/pdf/iwp_2009_21.pdf (Accessed on 05/05/2015).
- Lomas, J, Fulop, N, Gagnon, D & Allen, P. 2003. On Being a Good Listener: Setting Priorities for Applied Health Services Research. *The Milbank Quarterly* 81(3):363-388. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690239/pdf/milq0081-0363.pdf> (Accessed on 20/09/2017).
- Lombard, A. 2003. Entrepreneurship in Africa: social work challenges for human, social and economic development. *Social Work/ Maatskaplike Werk* 39(3):224-239.
- Lombard, A. 2008. Social Work: A Social Partner in Economic Development. *Social Work/ Maatskaplike Werk* 44(2):121-142.
- Lombard, A. 2011. Integrated social and economic development in South Africa: a social welfare perspective. *Argumentum, Vitória (ES)* 3(2):231-247.
- London Safeguarding Children Board. 2017. *Appendix 4: Triangle chart for the Assessment of Children in Need and their Families*. http://www.londoncp.co.uk/chapters/appendix_4.html (Accessed on 11/05/2017).
- Lucas, PJ. 2011. Some reflections on the rhetoric of parenting programmes: Evidence, theory, and social policy. *Journal of Family Therapy* 33(2):181-198.
- Lui, PP & Rollock, D. 2013. Tiger mother: Popular and psychological scientific perspectives on Asian culture and parenting. *American Journal of Orthopsychiatry* 83(4):450-456.
- Lund, F. 2011. A step in the wrong direction: linking the South African Child Support Grant to school attendance. *Journal of Poverty and Social Justice* 19(1):5-14.
- Lyons, AC, Chang, Y & Scherpf, EM. 2006. Translating financial education into behavior change for low-income populations. *Journal of Financial Counseling and Planning* 17(2):27-45.
- Mabuza, LH, Govender, I, Ogunbanjo, GA & Mash, B. 2014. African Primary Care Research: qualitative data analysis and writing results. *African Journal of Primary Health Care and Family Medicine* 6(1):1-5.
- Magee, P. 2017. The potential of all the 'P's' – provision, practice and positioning of parenting programmes: can application of these collectively attain a P+ in early intervention for families within Northern Ireland? *Child Care in Practice* 23(1):4-20.
- Mahoney, A, Pargament, KI, Tarakeshwar, N & Swank, AB. 2001. Religion in the home in the 1980s and 1990s: a meta-analytic review and conceptual analysis of links between religion, marriage, and parenting. *Journal of Family Psychology* 15(4):559-596.

- Mahtani, RP. 2004. Application of qualitative research methodology for developing social work practice models. *The Indian Journal of Social Work* 65(1):49-72.
- Makiwane, M. 2010. The child support grant and teenage childbearing in South Africa. *Development Southern Africa* 27(2):193-204.
- Mandela, N. 1995. *Speech by President Nelson Mandela at the launch of the Nelson Mandela Children's Fund Mahlamba'ndlopfu*, 8 May, Pretoria.
<https://www.sahistory.org.za/archive/speech-president-nelson-mandela-launch-nelson-mandela-childrens-fund-mahlambandlopfu-pretori> (Accessed on 11/05/2017).
- Manomano, T & Tanga, PT. 2018. Housing Needs: The Quality and Quantity of Housing Provided by the Government for the Poor in the Eastern Cape Province in South Africa. *Social Work/ Maatskaplike Werk* 54(1):19-36.
- Mantell, A. 2013. *Skills for Social Work Practice*. 2nd edition. London: SAGE.
- Mapp, SC. 2006. The Effects of Sexual Abuse as a Child on the Risk of Mothers Physically Abusing Their Children: A Path Analysis Using Systems Theory. *Child Abuse and Neglect*, 30(11):1293-1310.
- Maree, K. 2007. *First Steps in Research*. Pretoria: Van Schaik.
- Maree, K. 2016. Planning A Research Proposal, in *First Steps in Research*, edited by K Maree. Pretoria: Van Schaik:26-47.
- Marlow, C. 2011. *Research Methods for Generalist Social Work*. 5th edition. Belmont, CA: Brooks/Cole Cengage Learning.
- Marshall, C & Rossman, GR. 2011. *Designing Qualitative Research*. 5th edition. Thousand Oaks, CA: SAGE.
- Marshall, C. & Rossman, GR. 2016. *Designing Qualitative Research*. 6th edition. London: SAGE.
- Mashigo, P & Schoeman, C. 2010. Stokvels as an instrument and channel to extend credit to poor households in South Africa: An inquiry. *Policy Paper Number 19*, University of Johannesburg. https://econrsa.org/system/files/publications/policy_papers/pp19.pdf (Accessed on 11/05/2017).
- Mashigo, P. 2006. The debt spiral in the poor household in South Africa. *The International Indigenous Journal of Entrepreneurship, Advancement, Strategy and Education*.
<http://www.indigenousjournal.com/IJJEASVolIIIss1Mashigo.pdf> (Accessed on 30/06/2018).
- Mason, HD & Nel, JA. 2009. Giving voice to the experiences of community-based crisis centre counsellors. *Acta Criminologica* 22(3):118-138.
- Mason, J. 2002. *Qualitative Researching*. 2nd edition. London: SAGE.
- Mason, M. 2010. Sample Size and Saturation in PhD Studies Using Qualitative Interviews. *Forum: Qualitative Social Research/ Sozialforschung*, 11(3), Article 8.

- Mathebane, M. 2016. The Lived Experiences of Black African Mothers Following the Birth of a Child with Down Syndrome: Implications for Indigenisation of Social Work. *Social Work/ Maatskaplike Werk* 52(2):167-187.
- Matos, M, Torres, R, Santiago, R, Jurado, M & Rodríguez, I. 2006. Adaptation of parent-child interaction therapy for Puerto Rican families: a preliminary study. *Family Process* 45(2):205-222.
- Matuku, S & Kaseke, E. 2014. The Role of Stokvels in Improving People's Lives: The Case in Orange Farm, Johannesburg, South Africa. *Social Work/ Maatskaplike Werk* 50(4):504-515.
- Maxwell, JA. 2010. Using Numbers in Qualitative Research. *Qualitative Inquiry* 16(6):475-482.
- Maxwell, JA. 2013. *Qualitative Research Design: An Interactive Approach*. 3rd edition. Applied Social Research Methods Series, Vol 41. Thousand Oaks, CA: SAGE.
- May, VM. 2015. *Pursuing Intersectionality, Unsettling Dominant Imaginaries*. New York, NY: Taylor and Francis.
- Mc Elroy, S & Hevey, D. 2014. Relationship between adverse early experiences, stressors, psychosocial resources and wellbeing. *Child Abuse and Neglect* 38(1):65-75.
- McArthur, M, Thomson, L, Winkworth, G & Butler, K. 2010. Families' Experiences of Services. *FaHCSIA Occasional Paper No. 30*.
https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1700846 (Accessed on 21/08/2017).
- McDonald, M. 2010. *Are disadvantaged families "hard to reach"? Engaging disadvantaged families in child and family services*. CAFCA Practice Sheet.
<https://aifs.gov.au/cfca/sites/default/files/publication-documents/ps1.pdf> (Accessed on 11/05/2017).
- McDonald, M. 2011. *What role can child and family services play in enhancing opportunities for parents and families: Exploring the concepts of social exclusion and social inclusion*.
<https://aifs.gov.au/cfca/publications/what-role-can-child-and-family-services-play-enhancing-op> (Accessed 26/11/2014).
- McGilloway, S, Mhailie, GN, Bywater, T, Furlong, M, Leckey, Y, Kelley, P, Comiskey, C & Donnelly, M. 2012. A parenting intervention for childhood behavioral problems: a randomized controlled trial in disadvantaged community-based settings. *Journal of Consulting and Clinical Psychology* 80(1):116-127.
- McLea, H & Mayers, P. 2017. The Grief and Trauma Project: a group work approach to restoring emotional and spiritual health to women in bereaved and traumatised indigent communities in the Western Cape, South Africa. *Social Work/ Maatskaplike Werk* 53(4):423-444.

- McLoyd, VC. 1990. The Impact of Economic Hardship on Black Families and Children: Psychological Distress, Parenting, And Socioemotional Development. *Child Development* 61(2):311-346.
- McMahon, RJ & Metzler, CW. 1998. Selecting Parenting Measures for Assessing Family-Based Prevention Interventions, in *Drug Abuse Prevention Through Family Interventions*, edited by RS Ashery, EB Robertson & KL Kumpfer. Rockville, MD: US Department of Health and Human Services:294-324.
- Meinck, F, Cluver, LD, Boyes, ME & Loening-Voysey, H. 2016. Physical, emotional and sexual adolescent abuse victimisation in South Africa: prevalence, incidence, perpetrators and locations. *Journal of Epidemiology and Community Health* 70(9):910-916.
- Mejia, A, Calam, R & Sanders, MR. 2012. A review of parenting programs in developing countries: opportunities and challenges for preventing emotional and behavioural difficulties in children. *Clinical Child and Family Psychology Review* 15(2):163-175.
- Mejia, A, Calam, R & Sanders, MR. 2015. Examining Delivery Preferences and Cultural Relevance of an Evidence-Based Parenting Program in a Low-Resource Setting of Central America: Approaching Parents as Consumers. *Journal of Child Family Studies* 24(4):1004-1015.
- Mejia, A, Leijten, P, Lachman, JM & Parra-Cardona, JR. 2017. Different Strokes for Different Folks? Contrasting Approaches to Cultural Adaption of Parenting Interventions. *Prevention Science* 18(6):630-639.
- Merriam, SD & Tisdell, E. 2016. *Qualitative Research: A Guide to Design and Implementation*. 4th edition. San Francisco, CA: Jossey-Bass.
- Merriam-Webster Dictionary. [Sa]. Sv "social structure". <http://www.merriam-webster.com/dictionary/social%20structure> (Accessed on 17/11/2015).
- Midgley, J. 1995. *Social Development. The Developmental Perspective in Social Welfare*. London: SAGE.
- Millar, J. 2011. Desperately seeking security: UK family policy, lone mothers and paid work. *Family Matters* 87. <https://aifs.gov.au/publications/family-matters/issue-87/desperately-seeking-security> (Accessed on 17/11/2015).
- Miller, S. 2010. *Supporting Parents: Improving outcomes for children, families and communities*. Maidenhead, UK: McGraw Hill/ Open University Press.
- Min, MO, Minnes, S, Kim, H & Singer, LT. 2013. Pathways linking childhood maltreatment and adult physical health. *Child Abuse and Neglect* 37(6):361-373.
- Mokone, J. 2006. Challenges Experienced by Grandparents Raising Grandchildren: An Exploratory Study. *Social Work/ Maatskaplike Werk* 42(2):187-200.

- Monette, DR, Sullivan, TJ & DeJong, CR. 2011. *Applied Social Research: A Tool for the Human Services*. 8th edition. USA: Brooks/Cole, Cengage Learning.
- Moonsammy, S & Bob, U. 2012. *Sustainable livelihoods: SANPAD Project Overview, Lessons and Application and New Partnerships*. Durban: eThekweni Municipality.
- Moore, LV, Diez Roux, AV, Evenson, KR, McGinn, AP & Brines, SJ. 2008. Availability of recreational resources in minority and low socioeconomic areas. *American Journal of Preventive Medicine* 34(1):16-22.
- Moran, JA & Weinstock, DK. 2011. Assessing Parenting Skills for Family Court. *Journal of Child Custody* 8(3):166-188.
- Moran, P, Ghate, D & Van der Merwe, A. 2004. *What Works in Parenting Support? A Review of the International Evidence*. <http://www.prb.org.uk/wwiparenting/RR574.pdf> (Accessed on 18/05/2015).
- Morris, K. 2002. Family Based Social Work, in *Critical Practice in Social Work*, edited by R Adams, L Dominelli & M Payne. 2nd edition. New York, NY: McMillan Higher Education: 280-286.
- Mosoma, Z & Spies, G. 2016. Social workers' Experiences with the South African Policy Manual on Family Preservation Services. *The Social Work Practitioner-Researcher* 28(2):187-202.
- Mouton, J. 2005. *How to Succeed in Your Master's and Doctoral Studies: A South African Guide and Resource Book*. Pretoria: Van Schaik.
- Muhajarine, N & Vu, LTH. 2009. Neighbourhood contexts and low birthweight: Social disconnection heightens single parents risks in Saskatoon. *Canadian Journal of Public Health* 100(2):130-134.
- Mullaly, R. 1997. *Structural Social Work: Ideology, Theory and Practice*. Toronto: Oxford University Press.
- Muller, A. 2013. Linking poverty and violence: The South African scenario. *African Journal on Conflict Resolution* 13(3):45-63.
- Mulvaney, C & Kendrick, D. 2005. Depressive symptoms in mothers of pre-school children – effects of deprivation, social support, stress and neighbourhood capital. *Social Psychiatry and Psychiatric Epidemiology* 40(3):202-208.
- Naidu, T & Sliep, Y. 2011. Contextual Reflexivity: Towards Contextually Relevant Research with South African HIV/AIDS Home-Based Care Volunteers. *International Journal of Qualitative Methods* 10(4):431-443.
- Nannan, N, Norman, R, Hendricks, M, Dhansay, MA, Bradshaw, D & the South African Comparative Risk Assessment Collaborating Group. 2007. Estimating the burden of disease attributable to childhood and maternal undernutrition in South Africa in 2000. *South African Medical Journal* 97(8):733-739.

- Naong, MN. 2009. Stokvels: a possible panacea for fostering a savings culture? *Journal for New Generation Sciences* 7(2):248-266.
- Ndinda, C, Uzodike, NO & Winaar, L. 2011. From informal settlements to brick structures: housing trends in post-apartheid South Africa. *Journal of Public Administration* 46(1.1):761-784.
- Ndinda, C. 2009. 'But now I dream about my house': Women's empowerment and housing delivery in urban KwaZulu-Natal, South Africa. *Development Southern Africa* 26(2):317-333
- Neal, JW & Neal, ZP. 2013. Nested or Networked? Future Directions for Ecological Systems Theory. *Social Development* 22(4):722-737.
- Nel, H & Roestenburg, W. 2004. Assessment of a community: promoting an equitable society through inclusion and empowerment. *Social Work/ Maatskaplike Werk* 40(2):113-123.
- Nelson, G, Laurendeau, MC & Chamberland, C. 2001. A review of programs to promote family wellness and prevent the maltreatment of children. *Canadian Journal of Behavioural Science* 33(1):1-13.
- Nelson, MK. 2010. *Parenting Out of Control: Anxious Parents in Uncertain Times*. New York, NY: NYU Press.
- Neuman, W. 2012. *Social Research Methods: Qualitative and Quantitative Approaches*. USA: Allyn & Bacon.
- Newman, SJ. 2008. Does housing matter for poor families? A critical summary of research and issues still to be resolved. *Journal of Policy Analysis and Management* 27(4):895-925.
- Nhedzi, F & Makofane, M. 2015. The experiences of social workers in the provision of family preservation services. *Social Work/ Maatskaplike Werk* 51(3):354-378.
- Nieman, A. 2006. Social Capital and Social Development. *Social Work/ Maatskaplike Werk* 42(2):163-172.
- Nkosi, T. 2013. The ending of a customary marriage: What happens to the *ilobolo*? *Derebus* 222:36-39.
- North, J. 2013. When parents aren't good-enough. *Therapy Today* 24(4):24-28.
- NSPCC. 2014. *Assessing parenting capacity: An NSPCC factsheet*.
<http://www.theministryofparenting.com/wp-content/uploads/2015/08/factsheet-assessing-parenting-capacity8.pdf> (Accessed on 23/12/2015).
- Nyaumwe, LJ & Mkabele, Q. 2007. Revisiting the traditional African cultural framework of ubuntuism: A theoretical perspective. *Indilinga – African Journal of Indigenous Knowledge Systems* 6(2):152-163.
- Oates, J. 2007. Attachment Relationships: Quality of Care for Young Children. *Early Childhood in Focus*, 1. Milton Keynes, UK: The Open University.

- O'Connell, LK, Davis, MM & Bauer, NS. 2015. Assessing parenting behaviors to Improve Child Outcomes. *Pediatrics Perspective* 135(2):e286-288.
- OER Services. [Sa]. Introduction to middle adulthood. *Life Span Development Module 9: Middle Adulthood*. <https://courses.lumenlearning.com/suny-lifespandevelopment2/chapter/introduction-to-lesson-9-middle-adulthood/> (Accessed on 11/04/2018).
- Onwuegbuzie, AJ, Collins, KMT & Frels, RK. 2013. Foreword: Using Bronfenbrenner's ecological systems theory to frame quantitative, qualitative, and mixed research. *International Journal of Multiple Research Approaches* 7(1):2-8.
- Opotow, S, Gerson, J & Woodside, S. 2005. From moral exclusion to moral inclusion: theory for teaching peace. *Theory Into Practice* 44(4):303-318.
- Ortiz, C & Del Vecchio, T. 2013. Cultural diversity: do we need a new wake-up call for parenting training? *Behavior Therapy* 44(3):443-458.
- Oxford Living Dictionaries – isiZulu. [Sa]. Sv “inhlonipho”. <https://zu.oxforddictionaries.com/translate/izizulu-english/inhlonipho> (Accessed on 28/10/2018).
- Oxford Living Dictionaries – isiZulu. [Sa]. Sv “Lobola”. <https://zu.oxforddictionaries.com/translate/izizulu-english/ilobolo> (Accessed on 28/10/2018).
- Oxford Living Dictionaries. [Sa]. Sv “Shebeen”. <https://en.oxforddictionaries.com/definition/shebeen> (Accessed on 01/11/2018).
- Özdemir, M. 2015. How much do we know about the long-term effectiveness of parenting programmes? Advances, shortcomings, and future directions. *Journal of Children's Services* 10(2):120-132.
- Paat, Y. 2013. Working with Immigrant Children and Their Families: An Application of Bronfenbrenner's Ecological Systems Theory. *Journal of Human Behavior in the Social Environment* 23(8):954-966.
- Pacione, M. 2003. Urban environmental quality and human well-being – a social geographical perspective. *Landscape and Urban Planning* 65(1-2):19-30.
- Panday, S, Makiwane, M, Ranchod, C & Letsoala. 2009. *Teenage pregnancy in South Africa: with specific focus on school-going learners*. <http://www.hsrc.ac.za/en/research-data/view/4542> (Accessed on 23/12/2015).
- Parke, RD, Coltrane, S, Duffy, S, Buriel, R, Dennis, J, Powers, J, French, S & Widaman, KF. 2004. Economic stress, parenting and child adjustment in Mexican American and European American families. *Child Development* 75(6):1632-1656.
- Parra-Cardona, JR, Domenech-Rodriguez, M, Forgatch, M, Sullivan, C, Bybee, D, Holtrop, K, Escobar-Chew, AR, Tams, L, Dates, B & Bernal, G. 2012. Culturally adapting an

- evidence-based parenting intervention for Latino immigrants: the need to integrate fidelity and cultural relevance. *Family Process* 51(1):56-72.
- Partab, R. 2010. Reflections on Burnout and Self-Care Management in Social Work. *Social Work/ Maatskaplike Werk* 46(4):496-512.
- Partab, R. 2011. Why Do Violent Men do What They Do? Dialoguing on Privileges of Patriarchy and Domestic Violence. *Journal of Gender and Religion in Africa* 17(1):96-113
- Patel, L & Wilson, T. 2005. Enhancing Social Development Practice, in *Social Welfare and Social Development in South Africa*, edited by L Patel. Cape Town: Oxford University Press:266-300.
- Patel, L. 2008. Getting it right and wrong: An overview of a decade of post-apartheid social welfare. *Practice: Social Work in Action* 20(2):71-81.
- Patton, MQ. 2002, Qualitative Research & Evaluation Methods. 3rd edition. Thousand Oaks, CA: SAGE.
- Payne, M, Adams, R & Dominelli, L. 2002. On being critical in social work, in *Critical Practice in Social Work*, edited by R Adams, L Dominelli & M Payne. 2nd edition. New York, NY: McMillan Higher Education:1-12.
- Pedersen, D. 2012. The Good Mother, the Good Father, and the Good Parent: Gendered Definitions of Parenting. *Journal of Feminist Family Therapy* 24(3):230-246.
- Perumal, N & Kasiram, M. 2008. Children's Homes and Foster Care: Challenging Dominant Discourses in South African Social Work Practice. *Social Work/ Maatskaplike Werk* 44(2):159-169.
- Petty, A. 2002. *Adapting a Western model of filial therapy to a locally specific form with kinship carers in the Umlazi area through a participatory process*. MA(SW) dissertation, University of Kwa-Zulu Natal, Durban.
- Pinderhughes, EE, Dodge, KA, Zelli, A, Bates, JE & Pettit, GS. 2000. Discipline Responses: Influences of Parents' Socioeconomic Status, Ethnicity, Beliefs About Parenting, Stress, and Cognitive-Emotional Processes. *Journal of Family Psychology* 14(3):380-400.
- Plaks, S & Butler, MJB. 2012. Access to public healthcare in South Africa. *South African Actuarial Journal* 12:129-164.
- Polkinghorne, DE. 2005. Language and meaning: Data collection in qualitative research. *Journal of Counselling Psychology* 52(2):137-145.
- Ponterotto, JG. 2005. Qualitative research in counselling psychology: A primer on research paradigms and philosophy of science. *Journal of Counselling Psychology* 52(2):126-136.

- Popkewitz, TS & Lindblad, S. 2000. Educational Governance and Social Inclusion and Exclusion: Some conceptual difficulties and problematics in policy and research. *Discourse: Studies in the Cultural Politics of Education* 21(1):5-44.
- Porter, S. 2007. *Validity, Trustworthiness and Rigour: Reasserting Realism in Qualitative Approaches*. Belfast: Blackwell.
- Prinsloo, J & Ovens, M. 2016. Experience of collective efficacy and social disorganisation pertaining to crime risk in the lives of a sample of young persons residing in informal settlements in South Africa. *Child Abuse Research in South Africa* 17(2):72-82.
- Prinsloo, T & Wilson, L. 2017. Exploring the Play of Middle Childhood Children in a Poor Community in the North West Province: Caregivers' Experiences. *Social Work/ Maatskaplike Werk* 53(3):368-387.
- Punch, K. 2014. *Introduction to Social Research: Quantitative and Qualitative Approaches*. 3rd edition. Western Australia: SAGE.
- Pupavac, V. 2001. Misanthropy without borders. *Disasters* 25(2):95-112.
- Ramaekers, S & Suissa, J. 2012. Good enough parenting?, in *The Claims of Parenting: Reasons, Responsibility and Society*, edited by S Ramaekers & J Suissa. Dordrecht: Springer:73-97.
- Ramagoshi, R. 2016. Stokvels in the African communities: this is how we do it. *Plus* 50 11(4):51.
- Randolph, K & Radey, M. 2011. Measuring parenting practices among parents of elementary school-aged youth. *Research on Social Work Practice* 21(1):88-97.
- Raniga, T & Mathe, S. 2011. Private Lives, Public Issues: Childbearing Experiences of Adolescent Mothers in the Era of HIV and AIDS in Bhambayi, Kwazulu-Natal, South Africa. *Social Work/ Maatskaplike Werk* 47(3):338-349.
- Raniga, T & Ngcobo, N. 2014. Economic Experiences of Single Mothers in Bhamnayi, Kwazulu-Natal, South Africa. *Social Work/ Maatskaplike Werk* 50(4):516-528.
- Rapley, TJ. 2001. The art(fullness) of open-ended interviewing: some considerations on analysing interviews. *Qualitative Research* 1(3):303-323.
- Rapport, F, Doel, M, Hutchings, H, Jones, A, Culley, L & Wright, S. 2014. Consultation workshops with patients and professionals: developing a template of patient-centred professionalism in community nursing. *Journal of Research in Nursing* 19(2):146-160.
- Ratnapalan, S & Batty, H. 2009. To be good enough. *Canadian Family Physician* 55(3):239-242.
- Rawal, N. 2008. Social Inclusion and Exclusion: A Review. *Dhaulagiri Journal of Sociology and Anthropology* 2:161-180.
- Reece, H. 2013. The pitfalls of positive parenting. *Ethics and Education* 8(1):42-54.

- Regmi, K, Naidoo, J & Pilkington, P. 2010. Understanding the Processes of Translation and Transliteration in Qualitative Research. *International Journal of Qualitative Methods* 9(1):16-26.
- Reitman, D, Rhode, PC, Hupp, SDA & Altobello, C. 2002. Development and Validation of the Parental Authority Questionnaire – Revised. *Journal of Psychopathology and Behavioral Assessment* 24(2)119-127.
- Reynaert, D, Bouverne-de-Bie, M & Vandeveld, S. 2009. A Review of Children's Rights Literature Since the Adoption of the United Nations Convention on the Rights of the Child. *Childhood* 16(4):518-534.
- Richter, LM & Naicker, S. 2013. *A Review of Published Literature on Supporting and Strengthening Child-Caregiver Relationships (Parenting)*. AIDSTAR-One, Task Order 1. https://aidsfree.usaid.gov/sites/default/files/aidstarone_parenting_litreview_finalweb.pdf (Accessed on 23/12/2015).
- Robbins, G. 2005. *Pro-Poor Urban LED Case Study: eThekweni Municipality (Durban)*. http://siteresources.worldbank.org/INTLED/Resources/339650-1144099718914/ProPoor_eThekwini.pdf (Accessed on 10/07/2017).
- Roberts, DE. 2003. Child Welfare and Civil Rights. https://scholarship.law.upenn.edu/faculty_scholarship/585/ (Accessed on 09/07/2017).
- Rodriguez-JenKins, J. 2014. Complex Inequality: A Contextual Parenting Framework for Latino Infants. *Children and Youth Services Review* 44:317-327.
- Rogers, J. 2012. Anti-Oppressive Social Work Research: Reflections on Power in the Creation of Knowledge. *Social Work Education* 31(7):866-879.
- Rojano, R. 2004. The Practice of Community Family Therapy. *Family Process* 43(1):59-77.
- Romagnoli, A & Wall, G. 2012. 'I know I'm a good mom': Young, low-income mothers' experiences with risk perception, intensive parenting ideology and parenting education programmes. *Health, Risk and Society* 14(3):273-289.
- Roman, NV, Schenck, R, Ryan, J, Brey, F, Henderson, N, Lukelelo, N, Minnaar-McDonald, M & Saville, V. 2016. Relational aspects of family functioning and family satisfaction with a sample of families in the Western Cape. *Social Work/ Maatskaplike Werk* 52(3):303-312.
- Rosa, EM & Tudge, J. 2013. Urie Bronfenbrenner's Theory of Human Development: Its Evolution from Ecology to Bioecology. *Journal of Family Theory and Review* 5(4):243-258.
- Rosnow, RL & Rosenthal, R. 2005. *Beginning Behavioral Research: A Conceptual Primer*. 5th edition. Upper Saddle River, NJ: Pearson Prentice Hall.
- Rossmann, GB & Rallis, SF. 2012. *Learning in the field: An introduction to qualitative research*. 3rd edition. London: SAGE.

- Rossouw, MC & Oosthuizen, IJ. 2013. Ouers se dissiplinering van vyf-tot sesjarige. *Koers: Bulletin vir Christelike Wetenskap* 78(3):440-449.
- Roy, AN, Young, F & Wattam, C. 2002. Looking after children and young people, in *Critical Practice in Social Work*, edited by R Adams, L Dominelli & M Payne. 2nd edition. New York, NY: McMillan Higher Education:124.
- Royse, D. 2011. *Research Methods in Social Work*. 6th edition. Belmont, CA: Brooks/Cole Cengage Learning.
- Rubin, A & Babbie, ER. 2013. *Essential Research Methods for Social Work*. 3rd edition. Belmont, CA: Brooks/Cole Cengage Learning.
- Saleebey, D. 1996. The strengths perspective in social work practice: extensions and cautions. *Social Work* 41(3):296-305.
- Sales, BD & Folkman, S. 2000. *Ethics in Research with Human Participants*. Washington, DC: American Psychological Association.
- Sampaio, F, Sarkadi, A, Salari, R, Zethraeus, N & Feldman, I. 2015. Cost and effects of a universal parenting programme delivered to parents of preschoolers. *European Journal of Public Health* 25(6):1035-1042.
- Sampson, RJ. 2003. The neighbourhood context of well-being. *Perspectives in Biology and Medicine* 46(3):S53-64.
- Sandelowski, M. 1994. The use of quotes in qualitative research. *Research in Nursing and Health* 17(6):479-482.
- Sandelowski, M. 2001. Real qualitative researchers do not count: the use of numbers in qualitative research. *Research in Nursing and Health* 24(3):230-240.
- Sanders, MR, Cann, W & Markie-Dadds, C. 2003. The Triple P-Positive Parenting Programme: A Universal Population-Level Approach to the Prevention of Child Abuse. *Child Abuse Review* 12(3):155-171.
- Sanders, MR, Markie-Dadds, C & Turner, KMT. 2003. *Theoretical, Scientific and Clinical Foundations of the Triple P-Positive Parenting Program: A Population Approach to the Promotion of Parenting Competence*. Brisbane: The Parenting and Family Support Centre.
- Sanders, MR. 1999. Triple P-Positive parenting program: towards an empirically validated multilevel parenting and family support strategy for the prevention of behavior and emotional problems in children. *Clinical Child and Family Psychology Review* 2(2):71-90.
- Satran, P. 1998. Are you a good mother? *Parenting*, 12(4).
- Save the Children South Africa. 2015. *Vision 2020: Every child deserves a chance*. <https://www.savethechildren.org.za/sci-za/files/89/89cd3f0a-43e0-42aa-876a-a345df7f0f74.pdf> (Accessed on 10/07/2017).

- Savla, JT, Roberto, KA, Jaramillo-Sierra, AL, Gambrel, LE, Karimi, H & Butner, LM. 2013. Childhood abuse affects emotional closeness with family in mid- and later life. *Child Abuse and Neglect*, 37(6):388-399.
- Scannapieco, M & Connell-Carrick, K. 2002. Focus on the first years: An eco-developmental assessment of child neglect for children 0 to 3 years of age. *Children and Youth Social Services Review* 24(8):601-621.
- Schilling, RF. 1997. Developing intervention research programs in social work. *Social Work Research* 21(3):173-180.
- Schofield, TJ, Conger, RD & Neppl, TK. 2014. Positive Parenting, Beliefs about Parental Efficacy, and Active Coping: Three Sources of Intergenerational Resilience. *Journal of Family Psychology* 28(6):973-978.
- Scott, S. 2010. National dissemination of effective parenting programmes to improve child outcomes. *The British Journal of Psychiatry* 196(1):1-3.
- Seay, A, Freysteinson, WM & McFarlane, J. 2014. Positive parenting. *Nursing Forum* 49(3):200-208.
- Senese, VP, Bornstein, MH, Haynes, OM, Rossi, G & Venuti, P. 2012. A cross-cultural comparison of mothers' beliefs about their parenting very young children. *Infant Behavior and Development* 35(3):479-488.
- Sewpaul, V & Hölscher, D. 2007. Against the Odds: Community-Based Interventions for Children in Difficult Circumstances in Post-Apartheid South Africa, in *Revitalising Communities in a Globalising World*, edited by L Dominelli, L. UK: Ashgate Publishing: Part 14.
- Sewpaul, V & Pillay, A. 2011. Household and Family Structure: A Baseline Study Among Primary School Learners in Chatsworth, South Africa. *Social Work/ Maatskaplike Werk* 47(3):287-300.
- Sewpaul, V. 2005. A Structural Social Justice Approach to Family Policy: A Critique of the Draft South African Family Policy. *Social Work/ Maatskaplike Werk* 41(4):310-322.
- Sharpe, C. 2012. *Attachment theory, the good-enough mother, womanhood and the social care of children and young people: brief, disparate and critical reflections*.
<http://www.goodenoughcaring.com/writings/attachment-theory-the-good-enough-mother-womanhood-and-the-social-care-of-children-and-young-people-brief-disparate-and-critical-reflections/> (Accessed on 05/05/2015).
- Shaw, I & Gould, N. 2001. *Qualitative Research in Social Work*. Thousand Oaks, CA: SAGE.
- Shenassa, ED, Stubbendick, A & Brown, MJ. 2004. Social disparities in housing and related pediatric injury: a multi-level study. *American Journal of Public Health* 94(4):633-639.
- Shenton, A. 2004. Strategies for Ensuring Trustworthiness in Qualitative Research Projects. *Education for Information* 22(2):63-75.

- Shields, L. 2016. How bad can a good enough parent be? *Canadian Journal of Philosophy* 46(2):163-182.
- Shonkoff, JP, Garner, AS, and The Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, and Section on Developmental and Behavioral Pediatrics. 2012. The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *Pediatrics* 129(1):232-246.
- Shooshtari, S, Samadi, SA, Zarei, K, Naghipur, S, Martin, T & Lee, M. 2014. Facilitating and Impeding Factors for Knowledge Translation in Intellectual and Developmental Disabilities: Results from a Consultation Workshop in Iran. *International Journal of Policy and Practice in Intellectual Disabilities* 11(3):210-216.
- Shortall, S. 2004. Social or Economic Goals, Civic Inclusion or Exclusion? An Analysis of Rural Development Theory and Practice. *Sociologia Ruralis* 44(1):109-123.
- Siddiqui, FR. 2014. Annotated bibliography on participatory consultations to help aid the inclusion of marginalized perspectives in setting policy agendas. *International Journal for Equity in Health* 13:124-139.
- Sidebotham, P. 2001. An ecological approach to child abuse: a creative use of scientific models in research and practice. *Child Abuse Review* 10(2):97-112.
- Silber, G & Geffen, N. 2009. Race, class and violent crime in South Africa: Dispelling the 'Huntley thesis'. *South African Crime Quarterly* 30:35-43.
- Silverman, D. 2011. *Qualitative Research*. 3rd edition. London: SAGE.
- Simons, RL, Johnson, C, Conger, RD & Lorenz, FO. 1997. Linking Community Context to Quality of Parenting: A Study of Rural Families. *Rural Sociology* 62(2):207-230.
- Simpson, B. 2003. What do residents of informal settlements think social workers should do: voices from Bhambayi. *Social Work/ Maatskaplike Werk* 39(2):149-160
- Sithole, TN & Shai, KB. 2016. Un-blurring the myths and realities of women and children's rights in South Africa. *Commonwealth Youth and Development* 14(2):109-120.
- Skulmoski, GJ, Hartman, FT & Krahn, J. 2007. The Delphi Method for Graduate Research. *Journal of Information Technology Education* 6:1-21.
- Smit, PC, Dams, DJ, Mostert, JW, Oosthuizen, AG, Van der Vyfer, TC & Van Gas, W. 1996. *Economics: A South African Perspective*. Lansdowne: Juta.
- Smith, M. 2010. Good parenting: Making a difference. *Early Human Development* 86(11):689-693.
- Smith, M. 2011. Measures for assessing parenting in research and practice. *Child and Adolescent Mental Health* 16(3):158-166.
- Sokhela, S. 2006. *The impact of peripherally located low income housing projects in Ethekwini Municipality: a case-study of slum clearance project, Welbedacht East*. MA(TRP) dissertation, University of KwaZulu-Natal, Durban.

- Soudien, C, Carrim, N & Sayed, Y. 2004. *School inclusion and exclusion in South Africa: Some theoretical and methodological considerations*. Reflections on School Integration. Cape Town: HSRC Press.
- Sousa, L. 2005. Building on personal networks when intervening with multi-problem poor families. *Journal of Social Work Practice* 19(2):163-179.
- South Africa. 1979. Social Service Professions Act 110 of 1978. Pretoria: Government Printer.
- South Africa. 1996. The Constitution of the Republic of South Africa 108 of 1996. <http://www.gov.za/sites/www.gov.za/files/images/a108-96.pdf> (Accessed on 10/06/2015).
- South Africa. 1998. Maintenance Act 99 of 1998. Pretoria: Government Printer.
- South Africa. 2006. Children's Act 38 of 2005. Pretoria: Government Printer.
- South Africa. 2008. Children's Amendment Act 41 of 2007. Pretoria: Government Printer.
- South Africa. 2012. *National Plan of Action for Children in South Africa 2012-2017*. Department of Women, Children and People with Disabilities. https://www.unicef.org/southafrica/SAF_resources_npac.pdf (Accessed on 10/07/2017).
- South Africa. 2015a. Draft Early Childhood Development Policy. Pretoria: Government Printer.
- South Africa. 2015b. *National Integrated Early Childhood Development Policy*. https://www.unicef.org/southafrica/SAF_resources_integratedecdpolicy.pdf (Accessed on 10/07/2017).
- South Africa. Department of Social Development. 2011. *Green Paper on Families: Promoting Family Life and Strengthening Families in South Africa*. https://www.gov.za/sites/default/files/34692_gen756a_0.pdf (Accessed on 23/12/2015).
- South Africa. Department of Social Development. 2013. *White Paper on Families in South Africa*. https://www.westerncape.gov.za/assets/departments/social-development/white_paper_on_families_in_south_africa_2013.pdf (Accessed on 23/12/2015).
- South Africa. Department of Social Development. 2014. *South African Integrated Programme of Action Addressing Violence Against Women and Children (2013-2018)*. https://www.saferspaces.org.za/uploads/files/Violence_Against_Women_and_Children-Low_Resolution.pdf (Accessed on 10/07/2017).
- South Africa. Department of Welfare. 1997. The White Paper for Social Welfare: principles, guidelines, recommendations, proposed policies and programmes for developmental social welfare in South Africa. https://www.gov.za/sites/default/files/White_Paper_on_Social_Welfare_0.pdf (Accessed 10/07/2017).
- South African Council for Social Service Professions. [Sa]. *Policy Guidelines for Course of Conduct, Code of Ethics and the Rules for Social Workers*.

- <https://www.sacssp.co.za/Content/documents/EthicsCode.pdf> (Accessed on 16/11/2015).
- Speizer, IS, Goodwin, MM, Samandari, G, Kim, SY & Clyde, M. 2008. Dimensions of child punishment in two Central American countries: Guatemala and El Salvador. *Revista Panamericana de Salud Pública* 23(4):247-256.
- StatsSA. 2012. Census 2011. <https://www.statssa.gov.za/publications/P03014/P030142011.pdf> (Accessed 11/11/2017).
- StatsSA. 2017. *Poverty on the rise in South Africa*. <http://www.statssa.gov.za/?p=10334> (Accessed 23/11/2017).
- Stewart, SM, Bond, MH, Ho, L, Zaman, RM, Dar, R & Anwar, M. 2000. Perceptions of parents and adolescent outcomes in Pakistan. *Journal of Developmental Psychology* 18(3):335-352.
- Strydom, C & Tlhojane, M. 2008. Poverty in a rural area: the role of the social worker. *Social Work/ Maatskaplike Werk* 44(1):34-51.
- Strydom, M. 2010. The Implementation of Family Preservation Services: Perspectives of Social Workers at NGOs. *Social Work/ Maatskaplike Werk* 46(2):192-208.
- Strydom, M. 2012. Family Preservation Services: Types of Service Rendered by Social Workers to At-Risk Families. *Social Work/ Maatskaplike Werk* 48(4):435-455.
- Strydom, M. 2013: Community Based Family Support Services for Families At-Risk: Services Rendered by Child and Family Welfare Organisations. *Social Work/ Maatskaplike Werk* 49(4):501-518.
- Strydom, MM, Steyn, EN & Strydom, CI. 2005. An Adapted Intervention Research Model: Suggestions for Research and Practices. *Paper read at ASASWEI Conference, 5-7 September, Stellenbosch*.
- Sue, DW, Rasheed, MN & Rasheed, JM. 2016. *Multicultural Social Work Practice: A Competency-Based Approach to Diversity and Social Justice*. 2nd edition. Hoboken, NJ: John Wiley & Sons.
- Sullivan, S. 2008. Unaccompanied Children in Churches: Low-Income Urban Single Mothers, Religion, and Parenting. *Review of Religious Research* 50(2):157-175.
- Sung, M & Su, H. 2007. How do the risk factors of ecological levels influence the vulnerability of children? *Paper presented at the European Conference on Educational Research, 91-21 September, University of Ghent*.
- Swanborn, P. 2010. *Case Study Research: What, Why and How?* London: SAGE.
- Swick, K. 2008. Empowering the Parent-Child Relationship in Homeless and Other High-Risk Parents and Families. *Early Childhood Education Journal* 36(2):149-153.

- Swick, KJ & Williams, RD. 2006. An Analysis of Bronfenbrenner's Bio-Ecological Perspective for Early Childhood Educators: Implications for Working with Families Experiencing Stress. *Early Childhood Education Journal* 33(5):371-378.
- Tanga, P & Gutura, P. 2013. The Impact of the Child Support Grant on Participation in the Labour Market in Rural Eastern Cape. *Social Work/ Maatskaplike Werk* 49(1):128-140.
- Taylor, J, Lauder, W, Moy, M & Corlett, J. 2009. Practitioner assessment of 'good enough' parenting: factorial survey. *Journal of Clinical Nursing* 18(8):1180-1189.
- Taylor, J, Spencer, N & Baldwin, N. 2000. Social, economic, and political context of parenting. *Archives of Disease in Childhood* 82:113-120.
- Teater, B. 2010. *An Introduction to Applying Social Work Theories and Methods*. London: McGrawHill.
- Teater, B. 2014. *Contemporary Social Work Practice: A Handbook for Students*. Berkshire: Open University Press McGraw-Hill Education.
- Teixeira de Melo, A & Alarcão, M. 2011. Integrated Family Assessment and Intervention Model: A Collaborative Approach to Support Multi-Challenged Families. *Contemporary Family Therapy* 33(4):400-416.
- Temple, B & Young, A. 2004. Qualitative Research and Translation Dilemmas. *Qualitative Research* 4(2):161-178.
- Thomas, E & Magilvy, JK. 2011. Qualitative rigour or research validity in qualitative research. *Journal for Specialists in Paediatric Nursing* 16(2):151-155.
- Thomas, EJ & Rothman, J. 1994. An integrative perspective of intervention research, in *Intervention Research: Design and Development for Human Service*, edited by J Rothman & EJ Thomas. New York, NY: Haworth Press:3-23.
- Thomas, EJ. 1989. Advances in Developmental Research. *Social Service Review* 63(4):578-597.
- Thurer, S. 1995. *The Myths of Motherhood: How Culture Reinvents the Good Mother*. New York, NY: Penguin.
- Thurman, A. 1997. Systems, ecologies, and the context of early intervention, in *Contexts of Early Intervention: Systems and Settings*, edited by SK Thurman, JR Cornwell & SR Gottwald. Baltimore, MD: Paul H Brookes:3-17.
- Thwala, JD, Pillay, AL & Sargent, C. 2000. The influence of Urban/Rural Background, Gender, Age & Education on the Perception of and Response to Dreams among Zulu South Africans. *South African Journal of Psychology* 30(4):1-5.
- Toseland, RW & Rivas, RF. 2012. *An Introduction to Group Work Practice*. 7th edition. Boston, MA: Allyn & Bacon.
- Tracy, SJ. 2010. Qualitative Quality: Eight "Big-Tent" Criteria for Excellent Qualitative Research. *Qualitative Inquiry* 16(10):837-851.

- Trafford, V & Leshem, S. 2008. *Stepping stones to achieving your Doctorate by focusing on your viva from the start*. Maidenhead: McGraw Hill/Open University Press.
- Trawick-Smith, J. 2006. *Early Childhood Development: A Multicultural Perspective*. 4th edition. Upper Saddle River, NJ: Pearson Education.
- Tregeagle, S & Voigt, L. 2013. What intensity of service is needed to prevent children's entry to care?: Addressing the pressures on early intervention and prevention services. *Developing Practice* 34:31-43.
- Trimble, JE & Dickson, R. 2005. Ethnic Gloss, in *Applied developmental science: An encyclopedia of research, policies, and programs*, edited by CB Fisher & RM Lerner. Thousand Oaks, CA: SAGE:412-415.
- Trivette, CM & Dunst, CJ. 2014. Community-Based Parent Support Programs, in *Encyclopedia on Early Childhood Development*, edited by RE Tremblay, M Boivin, RD Peters & RE Tremblay. <http://www.child-encyclopedia.com/parenting-skills/according-experts/community-based-parent-support-programs> (Accessed 11/11/2017).
- Turner, KM & Sanders, MR. 2006. Dissemination of evidence-based parenting and family support strategies: Learning from the Triple P-Positive Parenting Program system approach. *Aggression and Violent Behavior* 11(2):176-193.
- Umubyeyi, B & Harris, G. 2012. Promoting non-violent parenting among refugee mothers in Durban. *Social Work/ Maatskaplike Werk* 48(4):456-465.
- UN-Habitat. 2010. A Practical Guide for Conducting: Housing Profiles. <http://mirror.unhabitat.org/pmss/getElectronicVersion.aspx?nr=3158&alt=1> (Accessed on 21/04/2017).
- Uprety, LP. 2009. Qualitative Data Collection, Analysis and Presentation: A Theoretical Overview. *Dhaulagiri Journal of Sociology and Anthropology* 3:83-122.
- Vally, Z, Murray, L, Tomlinson, M & Cooper, PJ. 2015. The impact of dialogic book-sharing training on infant language and attention: a randomized controlled trial in a deprived South African community. *Journal of Child Psychology and Psychiatry* 56(8):865-873.
- Van de Mortel, TF. 2008. Faking it: social desirability response bias in self-report research. *Australian Journal of Advanced Nursing* 25(4):40-48.
- Van Dyk, A. 2008. *HIV/AIDS care and counselling: a multi-disciplinary approach*. 4th edition. Cape Town: Pearson Education.
- Van Mourik, K, Crone, MR, Pels, TVM & Reis, R. 2016. Parents' beliefs about the cause of parenting problems and the relevance of parenting support: Understanding low participation of ethnic minority and low socioeconomic status families in the Netherlands. *Children and Youth Services Review*, 6:345.
- Van Nes, F, Abma, T, Jonsson, H & Deeg, D. 2010. Language differences in qualitative research: is meaning lost in translation? *European Journal of Ageing* 7(4):313-316.

- Van Niekerk, L & Van Niekerk, D. 2009. Participatory action research: Addressing social vulnerability of rural women through income-generating activities. *Journal of Disaster Risk Studies* 2(2):127-142.
- Van Rooyen, C. 1994. The developmental research model proposed by Thomas: some thoughts on its use in social work research. *Social Work/ Maatskaplike Werk* 30(3):276-283.
- Van Scheers, L. 2010. Challenges of small family groceries shops in South Africa. *World Journal of Entrepreneurship, Management and Sustainable Development* 6(3):221-231.
- Van Wyk, MM. 2015. African Rural Women Participation in Stokvels as Community-Based Savings Schemes. *Paper presented at the IJAS International Conference for Social Sciences and Humanities, 26-30 May, at Harvard Medical School.*
https://www.researchgate.net/publication/277268477_African_Rural_Women_Participati_on_In_Stokvels_As_Community-Based_Savings_Schemes (Accessed on 11/11/2017).
- Van Zyl, L, Van der Merwe, M & Chigeza, S. 2015. Adolescent's lived experiences of their pregnancy and parenting in a semi-rural community in the Western Cape. *Social Work/ Maatskaplike Werk* 51(2):151-173.
- Verhoef, G. 2001. Informal Financial Service Institutions for Survival: African Women and Stokvels in Urban South Africa, 1930-1998. *Enterprise & Society* 2(2):259-296.
- Vernon, W. 2009. The Delphi technique: a review. *International Journal of Therapy and Rehabilitation* 16(2):69-76
- Visser, K, Bolt, G & Van Kempen, R. 2015. A good place to raise your children? The diversity of parents' neighbourhood perceptions and parenting practice in a low-income, multi-ethnic neighbourhood: a case study in Rotterdam. *Geoforum* 64:112-120.
- Vuma, P. 2016. Measuring the ability of the police to prevent crime: could this assist in stressing the importance of crime prevention? *Acta Criminologica* 29(1):98-112
- Waldegrave, C. 2005. "Just therapy" with families on low incomes. *Child Welfare* 84(2):265-276.
- Walker, A & Wigfield, A. 2004. *The Social Inclusion Component of Social Quality.*
https://www.researchgate.net/publication/241345056_THE_SOCIAL_INCLUSION_COMPONENT_OF_SOCIAL_QUALITY (Accessed on 09/02/2017).
- Walker, MU. 2006. *Moral Repair: Reconstructing Moral Relations after Wrongdoing.* UK: Cambridge University Press.
- Ward, C & Wessels, I. 2013. Rising to the challenge: Towards effective parenting programmes. *South African Child Gauge.*
http://www.ci.uct.ac.za/sites/default/files/image_tool/images/367/Child_Gauge/South_African_Child_Gauge_2013/Gauge2013Parenting.pdf (Accessed on 09/06/2017).

- Weidenstedt, L. 2016. Empowerment Gone Bad: Communicative Consequences of Power Transfers. *Socius: Sociological Research for a Dynamic World* 2:1-11.
- Weisner, T. 2010. Well-being, chaos, and culture: Sustaining a meaningful daily routine, in *Chaos and its influence on children's development: An ecological perspective*, edited by GW Evans & TD Wachs. Washington, DC.: American Psychological Association:211-224.
- Wessels, I & Ward, CL. 2015. A 'best buy' for violence prevention: Evaluating parenting skills programmes. *South African Crime Quarterly* 54:17-28.
- Wessels, I, Lester, S & Ward, CL. 2016. *Engagement in parenting programmes: Exploring facilitators of and barriers to participation*. Institute for Security Studies, Policy Brief 82.
- Wessels, I. 2012. *Parenting programmes in South Africa: investigating design and evaluation practices*. MA dissertation, University of Cape Town, Rondebosch.
- West, A. 2011. Using the Delphi Technique: Experience from the world of counselling and psychotherapy. *Counselling & Psychotherapy Research* 11(3):237-242.
- Westman, JC. 1994. *Licensing Parents: Can We Prevent Child Abuse and Neglect?* Massachusetts: Perseus Publishing
- White Paper for Social Welfare, 1997, see South Africa. Department of Welfare. 1997.
- White Paper on Families in South Africa, 2013, see South Africa. Department of Social Development. 2013.
- Whiteside, U, Pantelone, DW, Hunter-Reel, D, Eland, J, Kleiber, B & Larimer, M. 2007. Initial suggestions for supervising and mentoring undergraduate research assistants at large research universities. *International Journal of Teaching and Learning in Higher Education* 19(3):325-330.
- Whittaker, KA & Cowley, S. 2012. An effective programme is not enough: a review of factors associated with poor attendance and engagement with parenting support programmes. *Children and Society* 26(2):138-149.
- Widding, U. 2014. Rational and professional, or emotional and 'good enough': Parents negotiating the meaning of parenthood within a parent education programme. *Studies in the Education of Adults* 46(1):42-57.
- Widding, U. 2015. Parenting ideals and (un-)troubled parent positions. *Pedagogy, Culture & Society* 23(1):45-64.
- Wilcox, W. 1998. Conservative Protestant Childrearing: Authoritarian or Authoritative? *American Sociological Review* Volume 63(6):796-809.
- Wilcox, W. 2002. Religion, Convention and Paternal Involvement. *Journal of Marriage and Family* 64(3):780-792.

- Winkworth, G, McArthur, M, Layton, M & Thompson, L. 2010. Someone to check in on me: social capital, social support and vulnerable parents with young children in the Australian Capital Territory. *Child & Family Social Work* 15(2):206-215.
- Winkworth, G, McArthur, M, Layton, M, Thomson, L & Wilson, F. 2010. Opportunities Lost—Why Some Parents of Young Children Are Not Well-Connected to the Service Systems Designed to Assist Them. *Australian Social Work* 63(4):431-444.
- Winnicott, DW. 1953. Psychoses and Child Care. *Psychology and Psychotherapy* 26(1):68-74.
- Winnicott, DW. 1960. The Theory of the Parent-Infant Relationship. *The International Journal of Psycho-Analysis* 41:585-595.
- Winnicott, DW. 1967. *The Maturation Process and the Facilitating Environment: Studies in the Theory of Emotional Development*. Oxford: International Universities Press.
- Woodcock, J. 2003. The Social Work Assessment of Parenting: An Exploration. *British Journal of Social Work* 33(1):87-106.
- World Bank. 2013. *Inclusion Matters: The Foundation for Shared Prosperity*.
<https://openknowledge.worldbank.org/handle/10986/16195> (Accessed on 19/04/2015).
www.nhrec.org.za/index.php/grids-preview?download=10:doh-2015-ethics (Accessed on 10/07/2017).
- Ybarra, GJ, Wilkins, SL & Lieberman, AF. 2007. The influence of domestic violence on preschool behavior and functioning. *Journal of Family Violence* 22(1):33-42.
- Yousaf, MI. 2007. Using Experts' Opinions Through Delphi Technique. *Practical Assessment, Research & Evaluation* 12(4):1-8.
- Zarnegar, Z. 2015. Parenting Practices in Cultural Context: An Ecological Perspective. *Zero to Three* 35(4):44-52.
- Zastrow, C. 2014. *Introduction to Social Work and Social Welfare: Empowering People*. 11th edition. Australia: Brooks/Cole.
- Zhan, M, Anderson, SG & Scott, J. 2006. Financial Knowledge of the Low-income Population: Effects of a Financial Education Program. *The Journal of Sociology & Social Welfare* 33(1):53-74.